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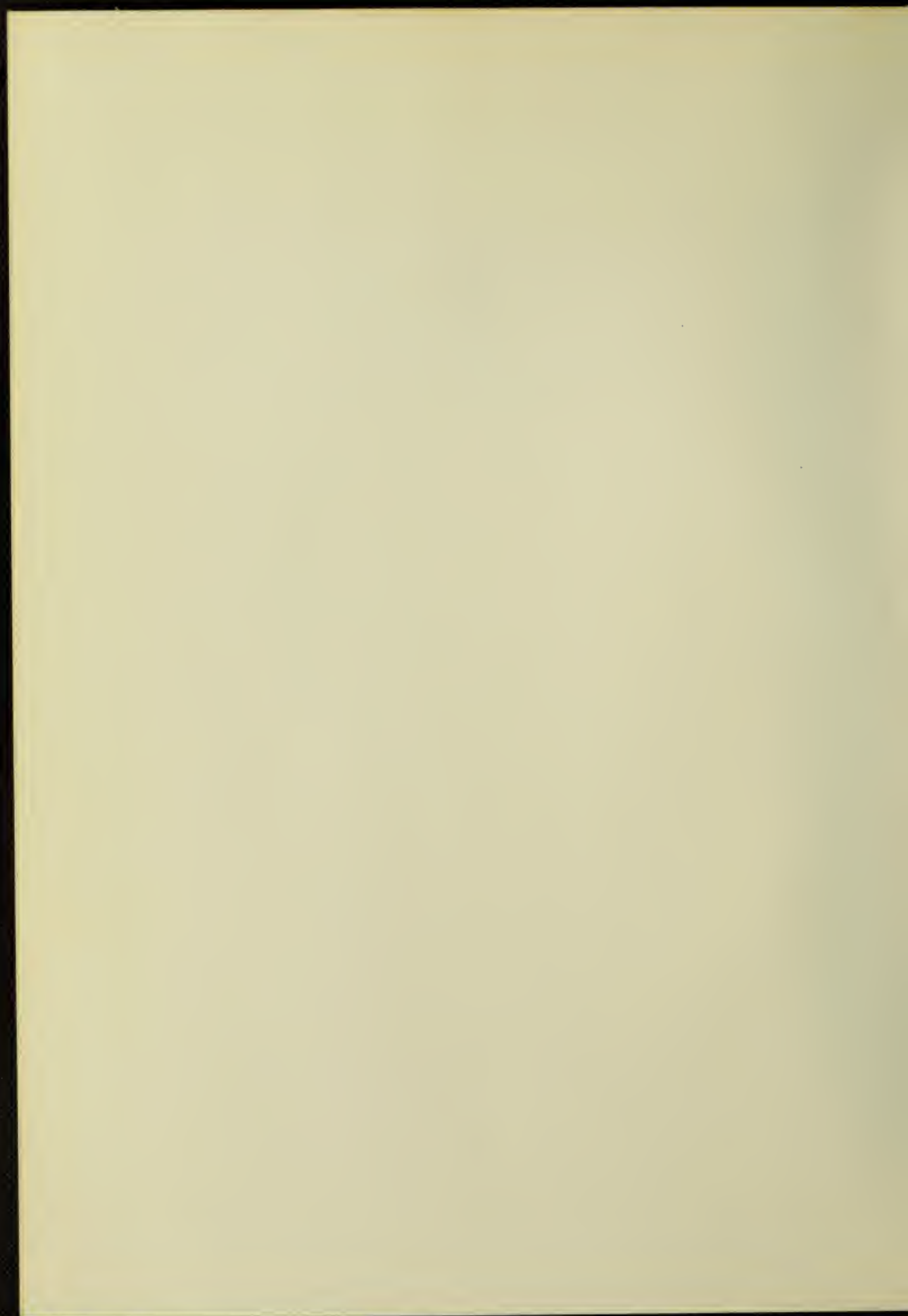
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## Background and Issues

# RETIREMENT

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Director of the Conference

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1971 WHITE HOUSE CONFERENCE ON AGING

## RETIREMENT

### Background

James H. Schulz. Ph.D.

### Issues

## THE TECHNICAL COMMITTEE FOR EMPLOYMENT AND RETIREMENT

With the collaboration of the author

A. Webb Hale, Chairman

White House Conference on Aging

Washington, D.C. 20201

February 1971

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James H. Schulz. Ph.D.

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## THE TECHNICAL COMMITTEE FOR EMPLOYMENT AND RETIREMENT

With the collaboration of the author

A. Webb Hale, Chairman

White House Conference on Aging

Washington, D.C. 20201

February 1971

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## FOREWORD

This paper on RETIREMENT provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration by delegates to the national White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

The first four sections of the paper discuss the nature of the Retirement component of the Employment and Retirement Need Area; identify goals proposed by previous conferences and groups; present information on the knowledge available with respect to retirement and the retirement circumstances of older people; and identify gaps in meeting their retirement needs. A companion paper is addressed to the Employment component. The first four sections of the present paper were prepared for the Conference by James H. Schulz, Ph.D., Associate Professor of Welfare Economics, Brandeis University, Waltham, Massachusetts, with guidance from the Technical Committee for Employment and Retirement.

The fifth section of the paper identifies several major issues relevant to improving the retirement circumstances of older people. The issues were formulated by the Technical Committee on Employment and Retirement for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the retirement needs of the older population. The proposals and recommendations developed in Community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the national Conference in their effort to formulate a National Policy for Aging.

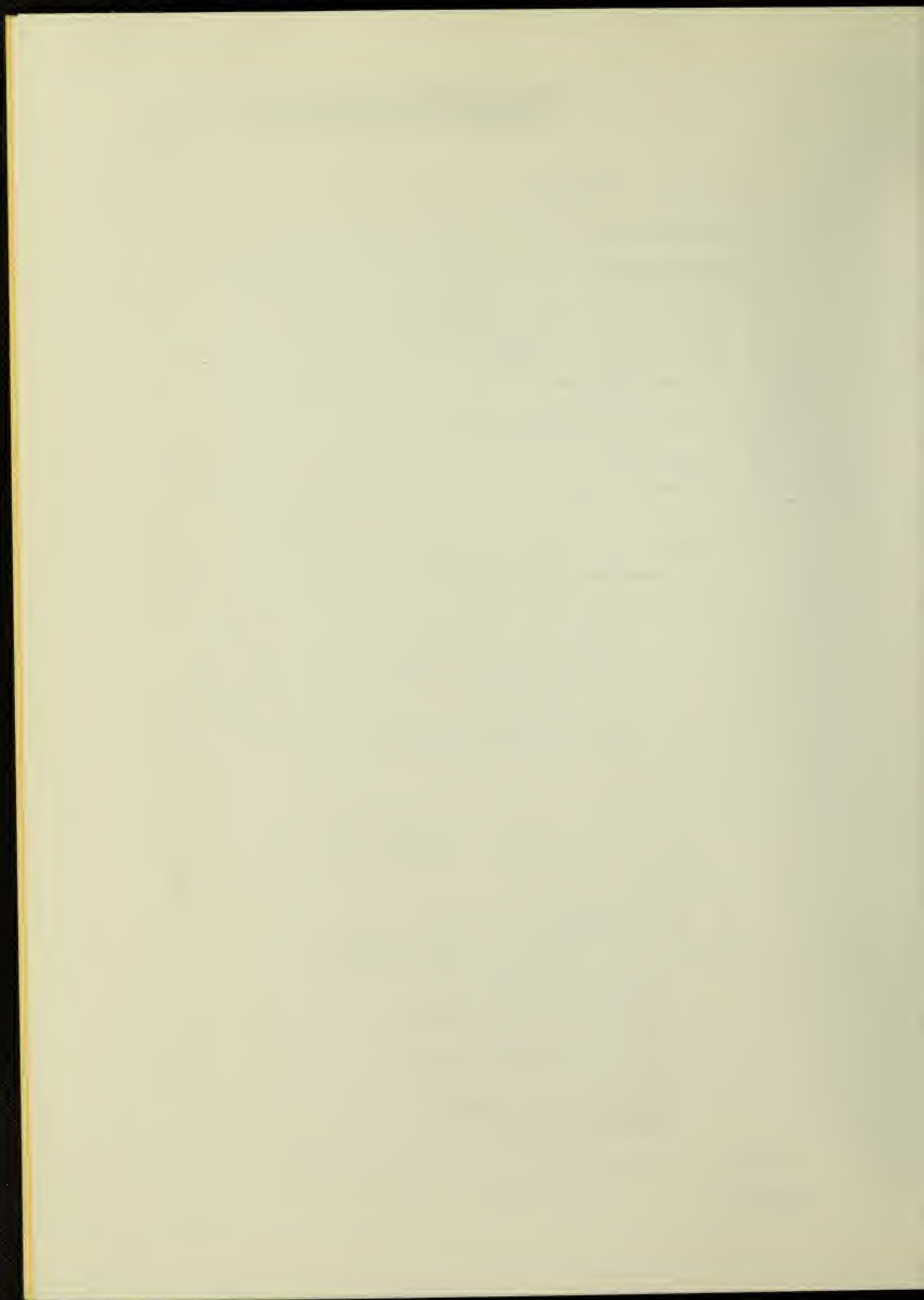
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## I. INTRODUCTION—THE NEED

The employment and retirement problems of persons over age 45 are closely related. Whether a person seeks and whether he is able to enjoy a period of later life free from formal work activities depend on many things. In large measure, however, his willingness and ability to enjoy retirement depend upon work opportunities, earnings levels, the working environment, and other aspects of labor force activity before he retires. Dramatic labor force changes that have an important influence on the number of persons living in retirement have occurred and are occurring in the United States. We have seen the "retirement period" grow in prominence and importance in the lives of increasing numbers of older Americans. With this rise in importance has come the need for increased attention to the problems and potentials connected with the retirement period and, equally important, with the period of transition into retirement.

The transition into retirement is the principal focus of this paper. This transition usually does not occur quickly nor, contrary to popular misconception, is it commonly marked by the point at which a person "retires from his job." As has been observed by F. Le Gros Clark, ". . . it is becoming rare for a man to be precipitated out of his working life into immediate and complete old age. On the contrary, there comes for the majority of men a kind of intermediate period of life, for which we have as yet no descriptive term. Such a period may last for five or ten years or longer. . . . It is in the nature of a low plateau in the life span" (Le Gros Clark, 1966).

It is important to recognize that this transitional period represents for many workers a new phase of life and is clearly related to three basic changes taking place in the society.

(a) Modern technology and the process of economic growth have increased the productive output of the nation to a point where it is now economically possible for the working population to satisfactorily support large numbers of young and old who are not working.

(b) . . . the emerging pattern of social life which we designate as retirement represents the development in modern society of a new and distinct role available universally for ever larger numbers of persons which has virtually no precedence in existing or previous forms of social organization (Donahue, Orbach and Pollak, 1960).

(c) In a society in which the work role is increasingly irrelevant as a source of satisfaction for many workers and in which the prospect of a disorderly career remains a common fate, a pessimistic forecast about the personal and social consequences of retirement seems quite realistic (Maddox, 1966).

Thus, the challenge to the individual as he approaches the retirement phase of life is to rethink the role of traditional types of work in his life, to cope with the changing financial needs and opportunities of the retirement period, to adjust to his changing health condition, and to explore the potentials of available leisure time. Given the heterogeneity of the population, the situations to which individuals must react during the retirement transition vary over a wide range; consequently, we can expect the responses and needs of the individual to be quite different. "This emerging phase can be frustrating and degrading or it can be a fulfilling and creative segment of life. People in it have, to perhaps a greater extent than at earlier stages of life, wisdom, understanding, compassion, and perspective — traits badly needed in our time with its dangerous gap between technology and the solution of personal and group conflicts (Carp, 1969)."

The challenge to society is to recognize the emergence and growing importance of this relatively unstable period — a period when individuals must make substantial adjustments, sometimes very quickly, in their way of life. Society, through its institutions, needs to react to this emerging "process of retirement" (Carp, 1969) and develop appropriate policies that deal with the problems and potentials associated with it.

In preparation for the 1961 White House Conference on Aging each State reported the results of discussions held at pre-Conference meetings. These State reports viewed retirement chiefly in negative terms. "The day of retirement," says the Wyoming report, "often serves to signify the unimportant and non-productive role in which the employee is about to be cast" (*Aging in the States*, 1961). The reports are practically unanimous in calling for flexible retirement, but many are pessimistic about the complications of trends toward greater mandatory retirement. In addition, many States emphasized the need for a more positive concept of retirement, encompassing meaningful choice, preretirement preparation, economic security in retirement, and the development of recreational activity, community service, and self-enrichment retirement opportunities.

Ten years later the issues and needs remain basically the same. What has changed is the growing trend toward "early retirement" and the need to understand the reasons for and the implications of this trend.

## II. LONG-RANGE GOALS

When delegates from the States met together for the 1961 White House Conference on Aging, they made the following major recommendations dealing with retirement:

1. Employers and employee representatives should be encouraged to study ways of granting greatest flexibility in the range of time during which workers may exercise their option to retire from active employment (consistent with the circumstances appropriate to the particular situation).

2. It is desirable for pension plans to contain vesting provisions, and where financially feasible, employee rights under those provisions should be liberalized.

3. There is a need to provide employees with retirement information in advance of retirement and also to provide assistance in retirement planning.

Recommendation three is further amplified by a part of the "Declaration of Policy" contained in the Act calling the 1961 Conference: "Assisting middle-aged and older persons to make the preparation, develop skills and interest, and find social contacts which will make the gift of added years of life a period of reward and satisfaction and avoid unnecessary social costs of premature deterioration and disability." In addition, the 1951 Conference on Aging recommended that employing organizations "give careful consideration" both to their preretirement and postretirement policies so as to: (a) stimulate individuals to prepare and plan ahead for their retirement, (b) promote a positive attitude toward life after retirement, and (c) minimize unavoidable changes in social and economic conditions at or after retirement.

These recommendations are consistent with the general long-range goal contained in Title I of the Older Americans Act passed in 1965, which states that it is the duty and responsibility of the government of the United States to assist our older people to secure equal opportunity to the full and free enjoyment of "Retirement in health, honor, dignity — after years of contribution to the economy" and "pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities."



### III. KNOWLEDGE AVAILABLE

#### A. INTRODUCTION

While the population of the U.S. today is 2.6 times what it was in 1900, the number of older people has grown more than proportionately. There are 6.3 times more Americans aged 65 and above today than were alive in 1900. This increase in the elderly population can be explained by high birth and immigration rates and by decreasing mortality rates. As a result of their rising numbers and the present national concern with the problems of poverty, the problems of the aged have attracted increased attention and have stimulated research in many areas associated with aging. One such area of research has to do with the decision to retire.

In view of work-oriented values in the United States and the importance of income derived from work, which for almost everyone is reduced in retirement, retirement is one of the most important decisions made by persons in our society. Aging in general and the retirement decision in particular, however, involve more complex and intertwined choices than deciding between more or less income. Income and assets are part of the vital considerations of the individual in the retirement decision, but there are many other considerations. The individual must consider his health and evaluate, consciously or not, the physical and emotional difficulties of continued employment vis-a-vis the benefits and problems of retirement. Educational differences, sex, unvoiced beliefs, and open attitudes reflecting his social group's values toward work and leisure also will come into play.

Closely related to above variables associated with the individual are various external variables affecting the individual's retirement decision — external in that they are, in part, beyond the person's own control. Included among these external influences are such things as (1) available job opportunities, (2) the levels of compensation currently being offered, (3) the type and amount of public and private retirement income provision and (4) the institutional setting prescribed by work rules and government legislation.

Certain irreversible consequences of job change must also be considered; for example, an older worker's "last job" frequently constitutes the climax of a career associated with higher wages and benefits than can usually be obtained in re-employment. Uncertainty and chance further complicate his retirement decision; expectations about the unpredictable future enter the decision as well as factors affecting the present. Among these factors are changing work-life and retirement-life expectancy, both of which have increased markedly since 1900 (See Table 1.).

TABLE 1.—LIFE, WORK-LIFE, AND LEISURE EXPECTANCIES FOR MEN AT BIRTH, UNITED STATES, 1900 and 1960

Year	Life	Expected years of work		Leisure
1900 . . . . .	48.2	32.1		16.1
1960 . . . . .	66.6	11.1		25.2
		Expected Leisure Years in		
		School 0-20	Disability 20-65	Retirement 65 and over
1900 . . . . .	13.0	1.4		1.7
1960 . . . . .	16.8	2.8		5.6

Source: Wolfbein, 1963.



TABLE 2.—DISTRIBUTION OF RETIRED FAMILY HEADS BY AGE AND RETIREMENT AGE GROUP, 1966

[In percent]

Age in 1966	Less than 65	Retirement age group		Total
		Age 65	Greater than 65	
Less than 60 . . . . .	17	0	0	17
60-61. . . . .	10	0	0	10
65-69. . . . .	12	8	2	22
70-74. . . . .	8	5	10	23
75 and over. . . . .	6	5	17	28
Total . . . . .	53	18	29	100

Source: Barfield & Morgan, 1969.

Recently, a rise in the number of early retirements, i.e., retirement before the age of 65, has resulted in a very significant increase in the number of retirees. A 1966 national survey (Barfield and Morgan, 1969) indicated, for example, that 53 percent of the retirees in that year retired early (See Table 2.).

Early retirement has thus become an increasingly important aspect of the retirement decision. Early retirement existed, of course, in previous years, but there seems to have been a gradual shift in practice and attitude. Early retirement used to be associated almost exclusively with such problems as severe illness, chronic unemployment, obsolescence of skills, or earnings "that were characteristically low or that had dropped off substantially" (L. A. Epstein, 1966). More recently, however, "there seem to be more and more aged men who are well enough to work and who might get some kind of job if they were interested, but who prefer the leisure of retirement (Epstein and Murray, 1967)." Moreover, in a recent national sample (Barfield and Morgan, 1969) a significantly larger proportion of younger people indicated they planned to "retire early" than did older persons. This expectation of early retirement by significant numbers of younger persons seems to imply a more optimistic view about retiring early. It contrasts with the more traditional association of early retirement with health or employment problems.

If this trend continues during the 1970's, an even larger number of early retirees can be expected. The subsections below, therefore, look at what we know about the factors influencing the decision to retire.

## B. SUBJECTIVE REASONS GIVEN FOR RETIREMENT

A comparative study of reported reasons for retirement in 1951 and 1963 (Palmore, 1964) indicates certain trends and shifts. More men in 1963 indicated that they retired voluntarily than in the 1951 survey. This increase in voluntary retirement was associated with a large increase in "preferred leisure" among the sampled men. Poor health as a reason for retirement was important but declined in relative importance (See Table 3.).

Similar findings regarding the reasons for retirement have been reported in a recent national study of early retirees. Barfield and Morgan report:

Non-retired respondents were asked why they planned to retire at the age they stated, why they thought their wife wanted them to retire or to remain at work, and why they thought other people were retiring before age 65. Retired respondents were asked why they retired when they did.

TABLE 3.—TRENDS IN REASONS FOR RETIREMENT, GIVEN BY  
MEN 65 AND OVER, UNITED STATES, 1951 AND 1963

Reason for retirement	1951	1963
Total per cent . . . . .	100	100
Own decision . . . . .	54	61
Poor health . . . . .	41	35
Preferred leisure . . . . .	3	17
Other reasons . . . . .	10	9
Employer's decision . . . . .	46	39
Compulsory retirement age . . . . .	11	21
Poor health . . . . .	7	6
Laid off or job discontinued . . . . .	22	8
Other reasons . . . . .	7	4

Note: For 1951 survey, includes only wage and salary workers who became beneficiaries within the preceding 5 years and were full-year beneficiaries; for 1963 survey, includes only those who had stopped working at full-time jobs within the preceding 5 years and were full-year beneficiaries.

Source: Palmore, 1964.

The retired overwhelmingly mentioned health reasons for retiring when they did (48 percent of those who gave reasons), with family reasons (14 percent) a poor second and with job reasons (11 percent) and financial reasons (10 percent) trailing.

Non-retired persons commonly thought other people retired early because they could afford it (36 percent), but health reasons (28 percent) were also often given. Job considerations (16 percent) and the desire to do other things such as traveling or playing golf (14 percent) were less frequently mentioned. When speaking about their own situations and giving reasons for their own retirement plans, the most common response for those planning to retire at some age was financial ability (24 percent) followed by health (16 percent), dislike of the job (10 percent), and the lure of other things to do (8 percent). Finally, when the family head was asked why he thought his wife felt as she did about his retirement, the most common response was that she looked forward to the possibility of his doing other things than work (19 percent); presumably these were mostly family activities, such as travel, visiting relatives, and the like. Health and financial reasons (both 15 percent) were also seen as salient to the wife (Barfield and Morgan, 1969).

Additional survey findings are supportive of the previous two surveys. A comparative study of old people in three industrial societies—United States, Britain, and Denmark—found that the United States, as compared to the other two countries, has a remarkably high percentage of people who retired because in some way or other they were capable of living on their own resources (Shanas, *et al.*, 1968). Nineteen percent of the U.S. retired men over age 65 stated that they "could afford to retire, had no need for work, or did not want to work." Fifty percent gave bad health as their reason for not working, and twenty-nine percent said that they had been forced to retire because of compulsory retirement provisions or company closings.

### C. IMPLICIT RETIREMENT REASONS

One would suspect that certain variables influence the retirement decision that are not explicitly mentioned by respondents of retirement surveys. A recent statistical regression

analysis, for example, examined the influence and order of importance of eleven variables on early retirement and on late retirement, respectively (Barfield and Morgan, 1969). The data for this analysis were from two sources: (1) a representative sample of the national population and (2) a random sample of older workers in the automobile industry. Data for the national sample were collected in 1966.

## 1. Early Retirement

To investigate early retirement, Barfield and Morgan analyzed a sample of 1,652 persons aged 35 to 59. The findings are summarized in Table 4 in order of explained variance, i.e., importance for predicting the retirement decision.

TABLE 4.—PREDICTORS BY THEIR IMPORTANCE IN EXPLAINING PLANS FOR EARLY RETIREMENT<sup>a</sup>

Predictor	Using unadjusted means	Using adjusted means	
	Importance taken singly (Correlation ratio squared)	Importance in regression (beta squares)	Direction of (net) effect on plans to retire before age 65
Expected retirement pension income . . . . .	.043	.035	+ with increasing income
"Other economic variables" index . . . . .	.039	.025	+ with more favorable position
Health index . . . . .	.010	.012	- with better health
Whether hobbies . . . . .	.015	.007	+ with hobbies to pursue
Ranking of "short hours" criterion . . . . .	.004	.006	- with low ranking
Job satisfaction . . . . .	.004	.005	- with increasing satisfaction
Age . . . . .	.013	.005	- with increasing age
Current family income . . . . .	.011	.004	No discernible direction
Sex . . . . .	.001	.001	- for males
Race . . . . .	.001	.001	+ for Negroes/Latin Americans
Whether self-employed . . . . .	*	.002	No discernible direction

<sup>a</sup>For 1,652 respondents in the labor force, age 35 to 59.

\*Less than 0.0005.

Source: Barfield & Morgan, 1969.

The important factors were:

### (1) Expected Retirement Pension Income.

Those who looked forward to a high pension and annuity income after retirement in their sixties were more likely to express early retirement plans. The "threshold" for an increase in individuals electing early retirement occurred when retirement income reached about \$4,000/year; an increase in expected income above this level was associated, statistically, with an increase in the number of respondents planning to retire early (See Figure 1.). Most respondents seemed to consider this to be the minimum amount necessary to maintain a reasonable standard of living in retirement. Of course, this threshold estimated for 1966 will presumably shift upwards over time with increases in the price level and what families subjectively consider an acceptable living standard.

### (2) "Other Economic Variables" Index.

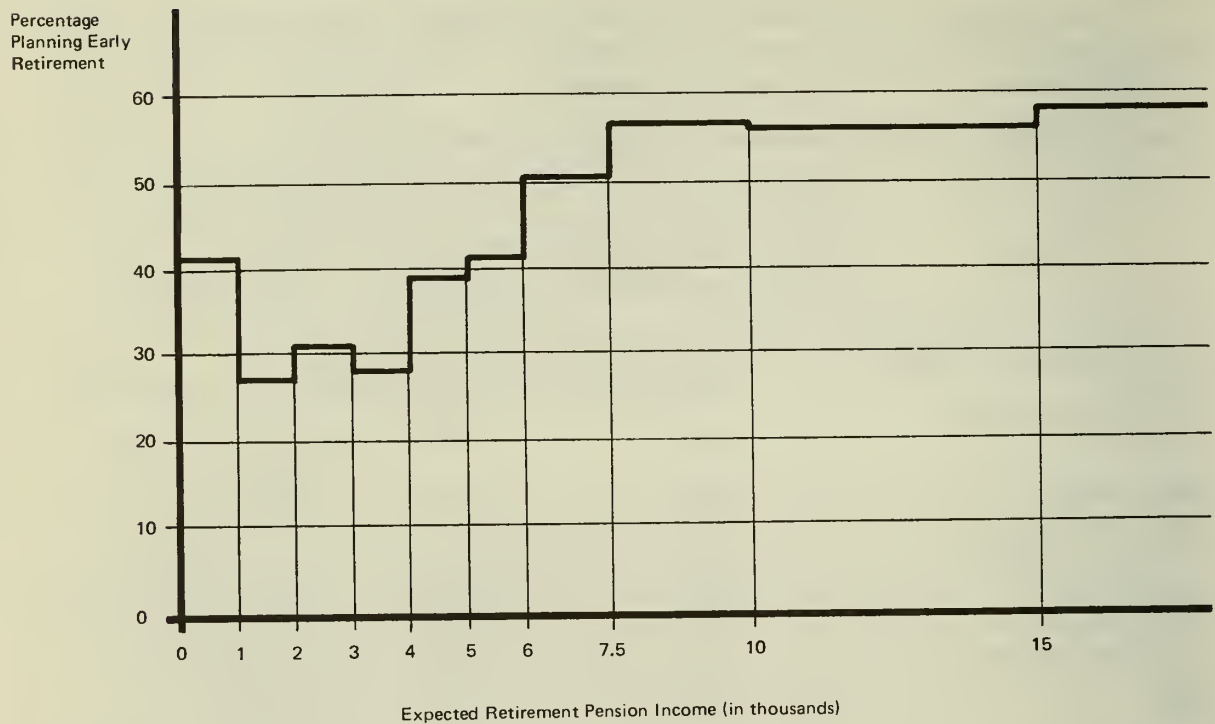
Next in importance to expected retirement income were four other economic variables that were combined in the analysis by Barfield and Morgan to form an index of general economic well-being. This index was dependent upon the following variables:

(a) Whether he expects dependents other than a wife when he is age 60 or over.



- (b) Whether expected earnings in retirement will be above \$499.
- (c) Whether expected income from asset holdings will be above \$999.
- (d) Whether mortgage payments will not be required after age 60.

FIGURE 1.—PLANNED EARLY RETIREMENT VS. EXPECTED RETIREMENT PENSION INCOME



Source: Barfield & Morgan, 1969.

The proportion of respondents planning to retire early was directly related to the extent that the answers to the above questions were positive (See Table 5.). This indicates that the number of dependents, the expected additional earnings from work and assets, and/or the lack of mortgage payments in retirement are factors taken into account in the retirement decision by individuals.

TABLE 5.—PROPORTION PLANNING EARLY RETIREMENT<sup>a</sup>  
vs. INDEX OF EXPECTED ECONOMIC SITUATION

Index	Expected economic situation	Proportion
0, 1 . . . . .	Relatively unfavorable	.218
2 . . . . .	Average	.386
3, 4 . . . . .	Relatively favorable	.430

<sup>a</sup>For 1,652 family heads in the labor force age 35 to 59.

Source: Barfield & Morgan, 1969.

### (3) Health Index.

An index of health was computed by Barfield and Morgan as the sum of the weighted answers to the following questions:

- (a) 2 points for feeling better now relative to "several years ago."

(b) 1 point for having missed few workdays because of illness during the last 5 years.

(c) 1 point for not having a work-limiting disability.

(d) 1 point for having missed no work weeks because of illness in 1965.

Not unexpectedly, ill health tended to encourage early retirement; respondents with low health index scores expressed early retirement plans more often than those with a high health index (See Table 6.).

TABLE 6.—PROPORTION PLANNING EARLY RETIREMENT<sup>a</sup>  
vs. INDEX OF PRESENT HEALTH

Index	Present health	Proportion
0-2 . . . . .	Relatively poor	.117
3-5 . . . . .	Relatively good	.326

<sup>a</sup>For 1,652 family heads in the labor force, age 35 to 59.

Source: Barfield & Morgan, 1969.

Pooling the results of the regression analysis with the subjective retirement reasons given in the previous section indicates that finances are basic to the retirement decision. Once one can afford to retire, health and various other factors will influence the time of retirement. However, for those who cannot "afford" to retire, particularly those below the threshold retirement income, only rather severe ill health or other situational problems are likely to induce retirement, if an option is available.

## 2. Late Retirement

Though the primary purpose of the Barfield and Morgan analysis was to study early retirement behavior, the study also reported on late retirement. About 15 percent of the survey respondents intended (1) to retire above age 69, (2) to continue work as long as possible, or (3) "never" to retire. A separate regression analysis was undertaken using the same eleven variables as predictors. The findings are displayed in Table 7, which also shows the rank of the variable in the early retirement regression analysis.

The order of importance of variables on the late retirement decision, however, is substantially different from the early retirement decision. One is able to conclude that respondents who planned to retire at the age of 70 or above were influenced by different criteria than those who intended to retire early. The important factors were:

### (1) Self-employment.

While self-employment was the least important factor in early retirement, it was the most important variable for planned late retirement. Approximately 27 percent of the self-employed intended to retire after the age of 69, 36 percent intended to retire early, and 37 percent intended to retire between the ages of 65 and 69.

### (2) Expected Retirement Pension Income.

### (3) Current Income.

Both current and expected retirement incomes were inversely proportional to late retirement behavior. Respondents with low current incomes or low expected retirement incomes were more likely to retire late.

### (4) Job Satisfaction.

### (5) Age.

### (6) Hobbies in Retirement.



TABLE 7.—PREDICTORS BY THEIR IMPORTANCE IN EXPLAINING PLANS FOR LATE RETIREMENT<sup>a</sup>

Predictor	Using unad- justed means	Using adjusted means		Rank in "early retirement" regression
	Importance taken singly (correlation ratio squared)	Importance in regression (beta squared)	Direction of (net) effect on plans to retire after age 70	
Whether self-employed . . . . .	.044	.026	+	11
Expected retirement pension income . . .	.048	.019	—	1
Current family income . . . . .	.029	.015	—	8
Whether enjoyed his work . . . . .	.008	.009	+	6
Age . . . . .	.013	.006	+	7
Whether hobbies . . . . .	.009	.004	—	4
Health index . . . . .	.005	.002	0	3
"Other economic variables" index . . . .	.006	.001	0	2
Low ranking of "short hours" criterion. .	*	.001	+	5
Race (whether Negro/Latin American) . .	.001	*	0	10
Sex (whether male). . . . .	.002	*	0	9

<sup>a</sup>For 1,652 family heads in the labor force age 35 to 59.

\*Less than 0.0005.

Source: Barfield & Morgan, 1969.

Respondents who enjoyed their work tended to delay their retirement. Older respondents were more likely to plan a later retirement than were younger respondents. People who intended to pursue hobbies in retirement or to continue present hobbies were less likely to retire late.

#### D. THE ECONOMIC SITUATION OF THE AGED

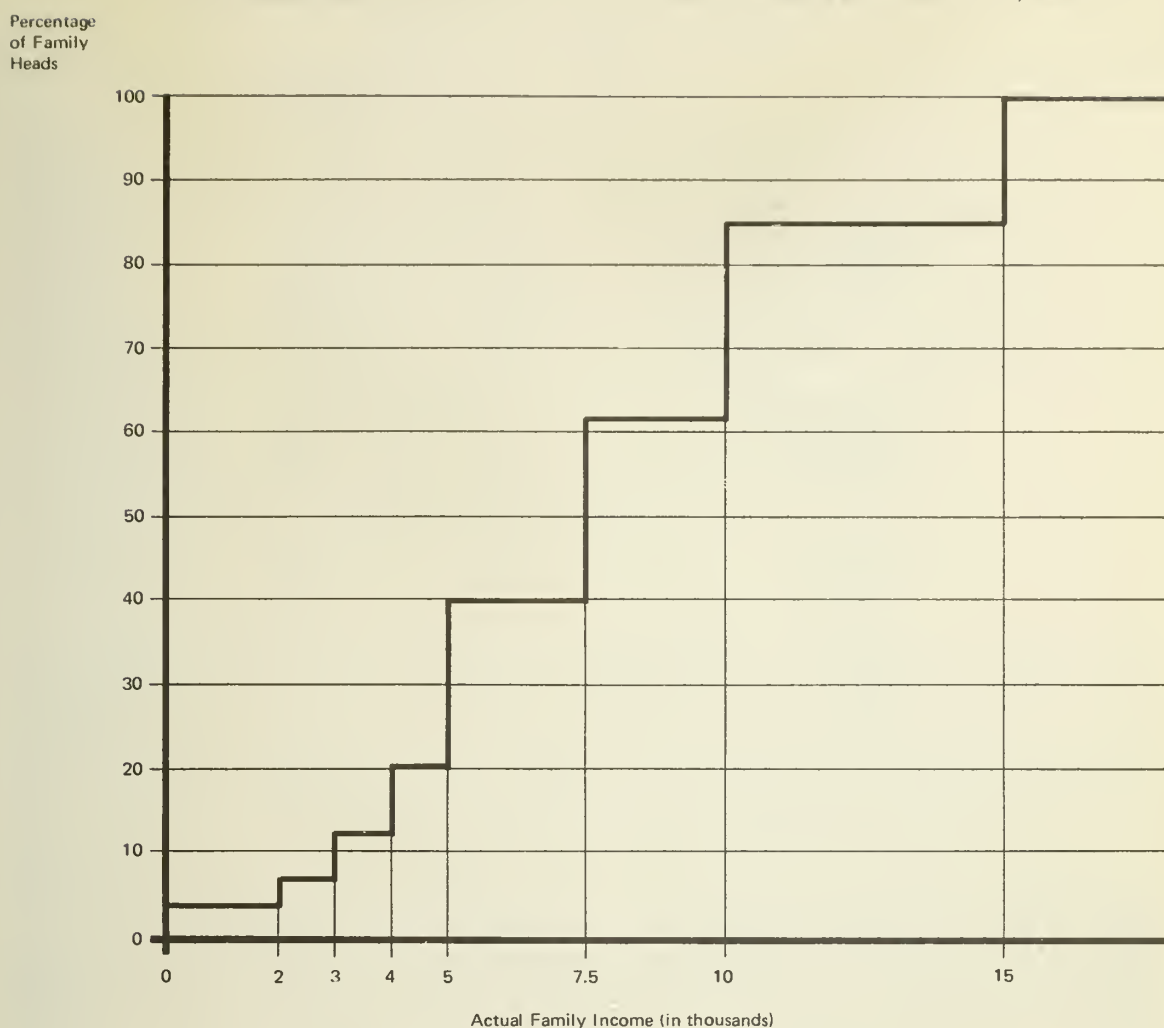
The fact that expected retirement pension income in conjunction with other economic considerations such as mortgage payments, the number of dependents in retirement, and expected additional income from work and/or assets significantly affects retirement plans has been discussed. The purpose of this section, therefore, is to briefly outline the economic situation of the retired, particularly the problems related to income in retirement. The Background Paper on "Income" examines this topic in more detail and should be referred to for additional information.

A considerable portion of the retired have always suffered from very low incomes in their worklife, requiring some form of income maintenance even before they retired. For example, 12% of surveyed families in 1966 with heads aged 35 to 59 (Barfield and Morgan, 1969) had an income below \$4,000 (See Figure 2.). As reported above, Barfield and Morgan found that approximately \$4,000 seemed to be the minimum income necessary to facilitate retirement at 1966 prices. Using budget data, the Bureau of Labor Statistics has estimated \$3,930 as a "moderate but adequate" income for a retired couple (\$2,170 for an aged person living alone) at 1968 prices (U.S. Bureau of Labor Statistics, 1969).

Another measure, the "thresholds for poverty" developed by the Social Security Administration, establishes poverty levels as in Table 8.

Data from the 1968 Survey of the Aged reveal a large proportion of the aged to be poor or near poor (See Table 9.). Interpolating from the data in Table 9 and using the Social Security Administration threshold for poverty, slightly more than 20 percent of the couples

FIGURE 2.—CUMULATIVE DISTRIBUTION OF FAMILY HEADS AGE 35-59 BY INCOME GROUP, 1966



Source: Adapted From Barfield & Morgan, 1969.

and more than 57 percent of the individuals were poor that year; an additional 12 and 16 percent, respectively, were "near poor." Using the Bureau of Labor Statistics moderate income standard, approximately 60 percent of the couples and more than 73 percent of the individuals were living in 1967 below what was considered a "moderate but adequate" income level.

In addition to the aged who have always lived in poverty and the aged who find themselves for the first time in poverty because of inadequate pensions, there are many aged families above the poverty level whose earnings during worklife allowed them a comfortable living standard but whose retirement incomes have dropped far below their preretirement

TABLE 8.—U.S. SOCIAL SECURITY ADMINISTRATION THRESHOLDS FOR POVERTY

Classification	1967		1970 <sup>a</sup>	
	Married	Single	Married	Single
Aged poor . . . . .	\$2,020 <sup>b</sup>	\$1,600	\$2,400	\$1,900
Aged men poor. . . . .	\$2,690	\$1,900	\$3,000	\$2,400

<sup>a</sup> Preliminary.

<sup>b</sup> Yearly income.

Source: Social Security Administration.

TABLE 9.—DISTRIBUTION OF THE AGED BY INCOME GROUP, 1967

Total money income	Married couples	Nonmarried persons
		Total
Number (in thousands):		
Total . . . . .	5,989	9,789
Reporting on income. . .	4,417	7,770
Percent of units . . .	100	100
Less than \$1,000 . . . . .	3	31
1,000-1,499 . . . . .	6	26
1,500-1,999 . . . . .	11	16
2,000-2,499 . . . . .	12	10
2,500-2,999. . . . .	11	5
3,000-3,499. . . . .	10	3
3,500-3,999. . . . .	9	2
4,000-4,999. . . . .	11	3
5,000-7,499. . . . .	15	2
7,500-9,999. . . . .	7	1
10,000-14,999. . . . .	3	1
15,000 or more . . . . .	2	1
Median income. . . . .	\$3,373	\$1,306

Source: Bixby, 1970.

levels. Their income problem grows out of the cessation of earnings of one or more family members and the failure of their savings and/or private and public pensions to replace a sufficiently large portion of these earnings. Findings of two different surveys are presented in Table 10. A fifth to a third of the respondents felt that their retirement standard of living was below their preretirement standard.

Barfield and Morgan have reported on the subjective evaluation of income differences expressed as the ratio of retirement to preretirement income. For example, 26 percent reported a ratio of about one-half and 34 percent reported one-fourth or less (See Table 11.).

TABLE 10.—DISTRIBUTION OF RETIREES' PERCEPTION OF CHANGE FROM PRE-RETIREMENT TO RETIREMENT LIVING STANDARD, 1966

Perceived change	Percentage	
	Barfield study	Greene study
Better . . . . .	5.0	7.6
Same . . . . .	53.0	70.8
Worse . . . . .	32.0	21.1
No response. . . . .	10.0	.5
Total . . . . .	100.0	100.0

Source: Barfield & Morgan 1969 and Greene, Pyron, Manion & Winklevoss, 1969.



TABLE 11.—RETIREEES' PERCEPTION OF  
RETIREMENT TO PRE-RETIREMENT  
INCOME RATIO, 1966

[Percentage distribution]

Ratio	Percentage of retirees
Less than 1/4 . . . . .	8
1/4 . . . . .	26
1/2 . . . . .	26
3/4 . . . . .	4
1 . . . . .	14
Greater than 1 . . . . .	4
No response . . . . .	18
Total . . . . .	100

Source: Barfield & Morgan, 1969.

Under OASDHI, Social Security pension payments are based on credited earnings. Computation of these benefits has been affected historically by changes in the benefit formula, the maximum creditable earned income, and the period of average earnings upon which benefits are based. A recent sample estimate of the replacement rate or pension = earnings ratio for the U.S. Social Security System has been made by the Social Security Administration, Office of Research and Statistics (Horlick, 1970). The replacement of earnings in the year before retirement by a Social Security retirement pension for a single male full-time industrial worker with average earnings in manufacturing retiring at age 65 in 1968 was 29 percent. The replacement rate for a similar worker who had a wife who was at least aged 65 was 44 percent.

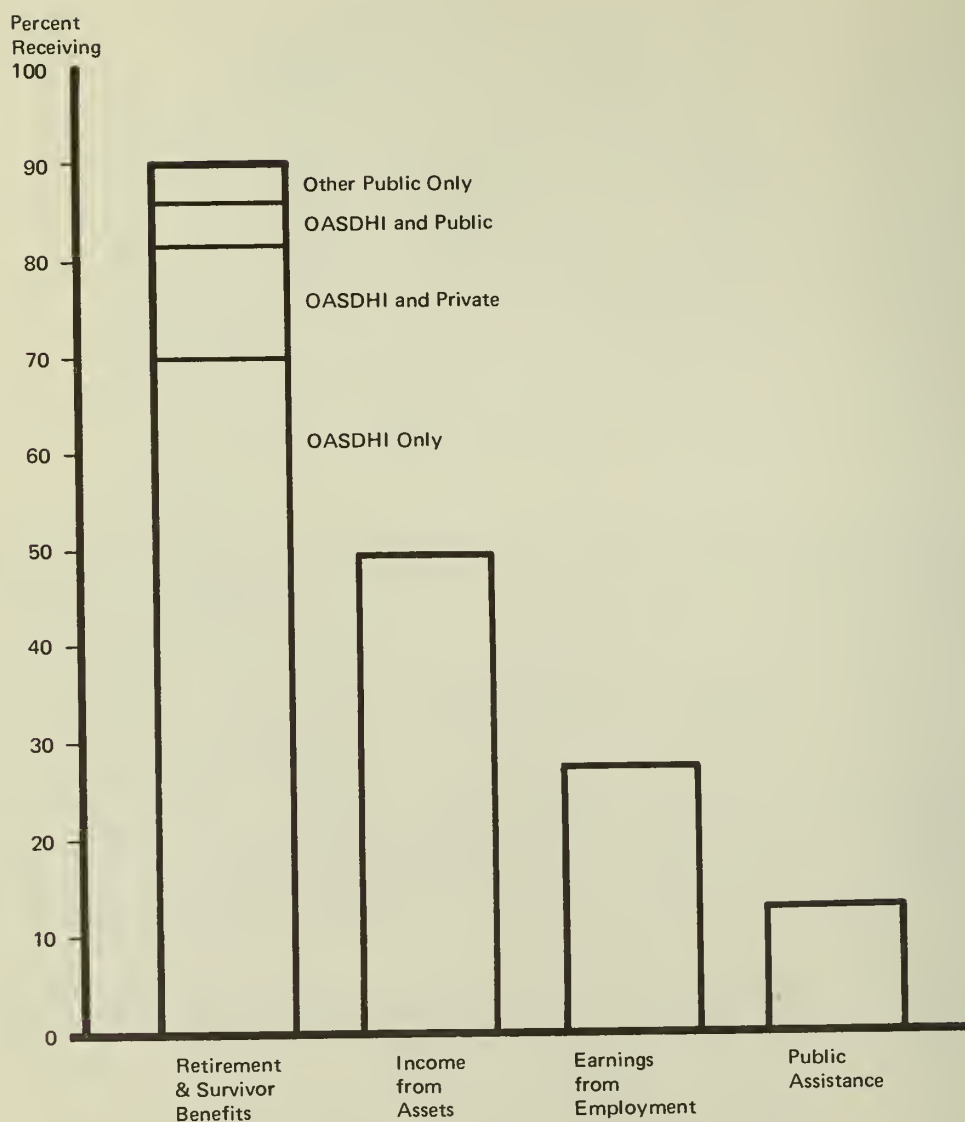
The above rates were based upon preretirement earnings defined as earnings in the year before retirement. If the measure of preretirement earnings is defined to be average earnings during the 1950-68 period and excluding the 5 years, 1950-55, of lowest earnings, the replacement rate for a single male worker rises from 29 percent to 38 percent. The replacement rate for a couple, of course, also rises.

Almost no information, or data, is currently available concerning the relationship between the income the current aged population is receiving and their average preretirement earnings. The great variety of factors that affect this ratio — such as earnings history, pension rights, and wealth — makes the ratio difficult to measure.

Given the limitations of existing data, current measures usually focus upon the ratio in retirement of pension income, instead of total income, to preretirement average earnings. Such a measure is very useful since earnings and pension income constitute the bulk of income for the majority of the working and retired families. In 1967, for example, about 90 percent of aged units received payments from at least one program, with OASDHI contributing the largest share (See Figure 3.).

In a digital computer simulation of the economic situation of future retired persons, Schulz, using 1960 census data, projected pension = earnings ratios for 1980. The stimulation considered the effect of factors such as unemployment, job change and vesting, trends in pension coverage and benefits, variable earnings, and early retirement (Schulz, 1968). A sample of persons who were, in general, between the ages of 45 and 60 was "aged" into retirement, and future pension benefits were estimated. Based on appropriate probability distributions for survival at a certain age, labor force exit or entry, job change, pension coverage, and vesting and unemployment, the study simulated the work and pension experience of the sampled individuals and families in order to make the desired pension estimates.

FIGURE 3.—MAIN SOURCES OF INCOME OF THE AGED, 1967



Source: Bixby, 1970.

Projected ratios of the relationship between pension income and preretirement average earnings were computed. Preretirement average earnings were defined as the average of earnings five years prior to retirement. The projected pension-earnings ratios for the 1980 retired population are presented in Table 12.

For couples with average preretirement earnings between \$4,000 and \$5,000, more than half of the couples are projected to have pensions in retirement that are less than half of their preretirement earnings. These relatively low pension-earnings ratios are due mainly to two factors that are generally not included in straight-forward calculations of such ratios, using the pension formula in the Social Security Law or contractual agreements regarding private pension levels. (1) Large numbers of workers retire early with reduced pension benefits, and (2)



TABLE 12.—PROJECTED<sup>a</sup> RATIO AT RETIREMENT OF TOTAL PENSION INCOME<sup>b</sup> TO TOTAL PRERETIREMENT EARNINGS<sup>c</sup> FOR NONAGRICULTURE COUPLES BY PRERETIREMENT EARNINGS GROUP

[Percentage distribution]

Ratio	Average preretirement earnings							
	Less than \$3,000	\$3,000 to \$3,999	\$4,000 to \$4,999	\$5,000 to \$5,999	\$6,000 to \$7,999	\$8,000 to \$9,999	\$10,000 to \$11,999	\$12,000 to \$15,999
Less than 0.20 <sup>d</sup> . . . . .	0	3	10	4	9	16	12	20
0.20 to 0.29 . . . . .	2	6	14	9	16	19	23	28
0.30 to 0.39 . . . . .	8	19	18	28	19	22	24	22
0.40 to 0.49 . . . . .	15	9	12	16	16	20	21	15
0.50 to 0.69 . . . . .	21	38	28	31	25	20	14	14
0.70 to 0.99 . . . . .	13	8	11	8	12	4	4	1
1 or more . . . . .	40	17	7	3	2	1	1	0
Total . . . . . <sup>e</sup>	100	100	100	100	100	100	100	100

<sup>a</sup>Source: Simulation model. (See text.)

<sup>b</sup>Social security (primary and supplemental), private, and/or Government employee pensions.

<sup>c</sup>Average of 5 years prior to retirement.

<sup>d</sup>Includes couples receiving no pension income but with some earnings.

<sup>e</sup>Totals may not sum to 100 percent due to rounding.

Source: Schulz, 1967.

workers' average taxable earnings for Social Security pensions are always lower than the average earnings over five years.

## E. PHYSICAL HEALTH

A recent Bureau of Labor Statistics survey of reasons for nonparticipation in the labor force among persons aged 16 years and over in 1968 (Flaim, 1969) shows that 8 percent of the nonparticipants of both sexes attribute their status to ill health or disability. More than half of the 2.12 million nonparticipating men and slightly less than half of the 2.22 million nonparticipating women were 60 years old or more. For all age groups, ill health and disability rank fourth among reasons for nonparticipation; for persons aged 60 and over it ranks second after retirement for men and for women, home responsibility. The increase of ill or disabled nonparticipants with age is shown in Table 13.

The importance of health as a reason for retirement has been reported by numerous studies. In addition to the findings by Palmore and Barfield/Morgan, data from the "Three Industrial Countries" study (Shanas, *et al.*, 1968), the Social Security Administration Survey of Disabled Adults, and the SSA Survey of New Beneficiaries indicate health as a major determining factor.

Among men who were entitled before age 65 and were not working shortly after filing for benefits (whether or not they claimed retroactive payments), health was far and away the "most important reason" for leaving their last job — and therefore presumably for claiming benefits — according to preliminary data from the Survey of New Beneficiaries. . . .

The 1966 SSA Survey of Disabled Adults (under age 65) found that four-fifths of the men receiving early retirement benefits in 1965 and one-fourth of the

TABLE 13.—REASONS FOR NONPARTICIPATION IN THE LABOR FORCE BY SELECTED AGE GROUPS, 1968 ANNUAL AVERAGES, MALES

[Percentage distribution]

Reason	Age group						Total
	25-34	35-44	45-54	55-59	60-64	65	
School . . . . .	41	7	1	--	--	--	28
Ill health. . . . .	29	57	62	61	41	14	17
Home duties . . . . .	2	3	2	2	2	2	1
Retirement . . . . .	*a	1	3	6	44	79	40
Other <sup>b</sup> . . . . .	28	32	32	30	12	5	14

<sup>a</sup> Less than one

<sup>b</sup> Includes no job desired, cannot obtain work, and various other reasons

Source: Flaim, 1969.

nonbeneficiaries aged 62-64 were disabled. Severe disability was reported by one-third of the men receiving reduced benefits, but by only 6 percent of those not on the benefit rolls. In fact, the chances were 2 in 3 that noninstitutionalized men aged 62-64 who reported themselves as being severely disabled were receiving actuarially reduced retirement benefits rather than disability benefits (Bixby, 1970b).

A word of caution is in order regarding these health findings. Since these findings rely on the individual's self-evaluation, a question arises as to whether there is a bias in the reported figures. Generally, a person's self-evaluation of his own health is more favorable than a physician's health rating (See Table 14.). Alternatively, to the extent that the "right" to retire at certain ages has not been socially legitimized, persons may give health as the reason for

TABLE 14.—COMPARISON OF OLD PEOPLE'S RATING OF THEIR HEALTH WITH PHYSICIANS' RATING

[Percentage distribution]

Self ratings	Physician's rating	
	Favorable	Unfavorable
(a) General health		
Favorable. . . . .	77	61
Unfavorable. . . . .	23	39
Total . . . . .	100	100
(b) Specific health problems		
No. . . . .	79	66
Yes. . . . .	21	34
Total . . . . .	100	100
N = . . . . .	(635)	(361)

Source: Suchman *et al.*, 1958, p. 266; based on panel of over 1,000 males 64+ studied 1952-1954.

TABLE 15.—LABOR FORCE STATUS AND HEALTH OF MEN 65 AND OVER BY OCCUPATION

[Percentage distribution within each occupational group]

Longest occupation group <sup>a</sup>	In labor force	Not in labor force				
		Total	Not well enough to work	Well and interested	Well and not interested	Reason not ascertained
Professional and technical . . . . .	67	33	15	5	12	2
Farmers and farm managers . . . . .	43	57	46	2	8	1
Nonfarm managers and proprietors . . . . .	53	47	29	5	12	2
Clerical . . . . .	31	69	45	6	19	0
Sales . . . . .	49	51	33	5	12	0
Craftsmen . . . . .	33	67	53	5	7	2
Operatives . . . . .	36	64	55	3	6	1
Services . . . . .	37	63	55	7	1	0
Farm labor . . . . .	35	65	48	6	8	3
Other labor . . . . .	31	69	59	3	7	0
All groups . . . . .	41	59	45	4	8	2

<sup>a</sup> The occupation with which the man had been identified longest.

Source: Steiner &amp; Dorfman, 1957.

retirement because it is socially more acceptable. "Although normatively and institutionally devalued, advancing age provides few exemptions from role requirements before retirement. The acceptance of disability, however, as a condition beyond his control, excuses the individual from responsibility for his performance limitations and permits modification of role expectations in terms of devalued capacities" (Haber, 1970).

Therefore, when at least half of the old persons of 60 years and over report not working because of ill health or disability, this does not mean necessarily that health has been the prime factor in determining retirement for the majority of respondents; we can assume, however, that physical health is a major co-determinant.

Certainly in occupations with heavy physical demands, health is much more likely to be the prime determinant. This difference was found in an early survey of occupation, labor force status, and health status (Steiner and Dorfman, 1957). The effect of ill health on labor force participation for various occupations is tabulated in Table 15.

Men considering themselves not well enough to work are relatively scarce in professional, technical, sales, and the other managerial occupations. Except for clerical jobs, all other occupations studied make heavy physical demands and show labor force participation rates below the average of all groups. If we consider the occurrences of specific impairments with age, as displayed in Figure 4, then the findings of Steiner and Dorfman become self-evident.

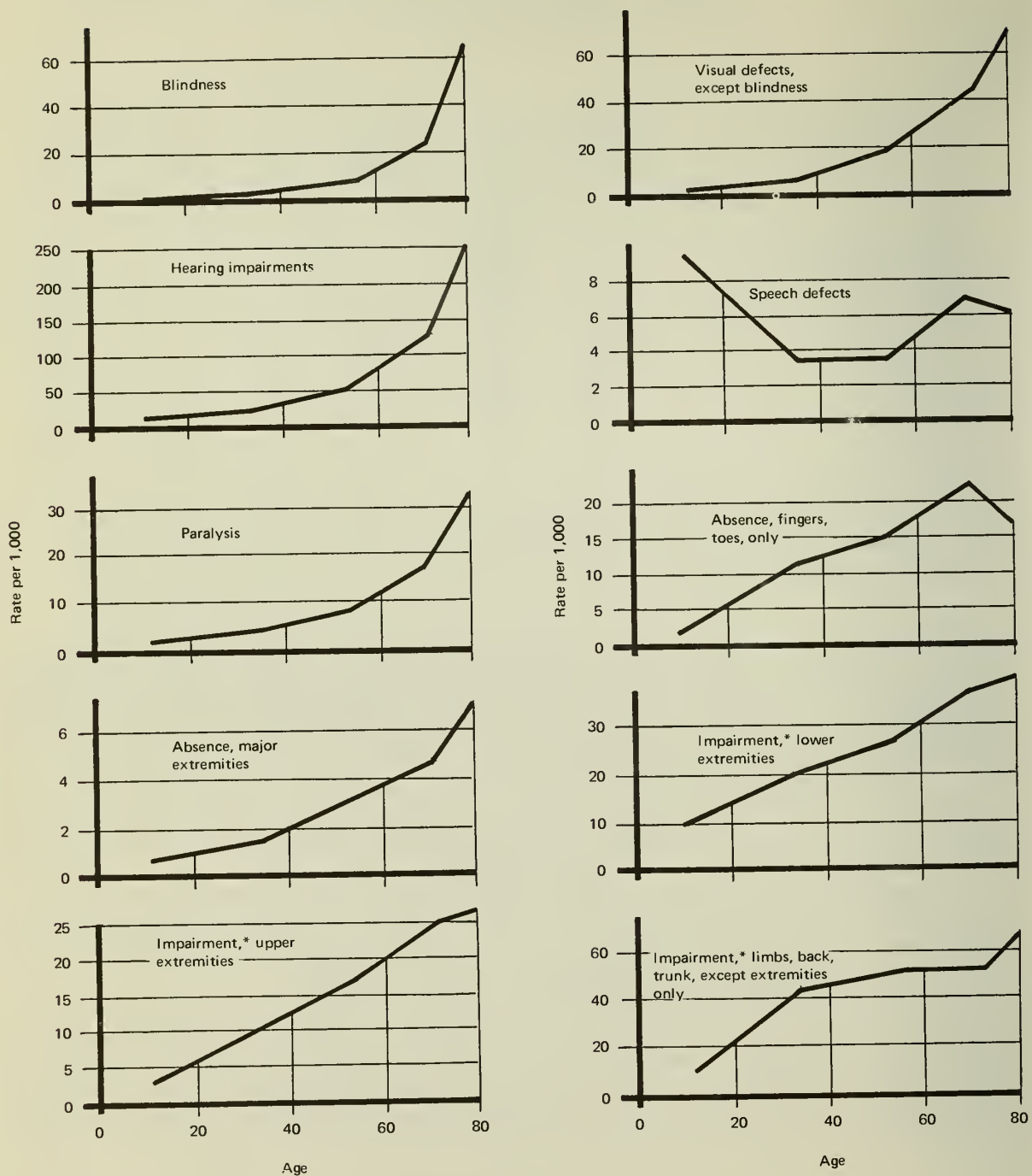
## F. ATTITUDES AND ROLES<sup>1</sup>

As noted above, retirement is a phenomenon of relatively recent origin in our society, creating a new life cycle stage for a growing number of people. Not too long ago life history went from adulthood through senescence to death. People worked in adult years, quit when they were unable to work, and died relatively soon thereafter (See Table 1.). This is still unchanged in some parts of the world, but in our society such life history typically belongs to

<sup>1</sup> For a comprehensive discussion of this topic see the Background Paper on "Retirement Roles and Activities."



FIGURE 4.—SPECIFIC IMPAIRMENTS, BY AGE, UNITED STATES, 1957 TO 1958



\*Except paralysis and absence.

Source: US National Health Survey, 1959, Health Statistics, Series B.

the past. In view of this change, it is not surprising to find many divergent and often unclear attitudes towards retirement and to find generally undefined roles

That society has failed to define role models for all stages beyond early adulthood (Rosow, 1963) makes it not only extremely difficult for individuals to adapt to the new life cycle stages but also difficult for researchers to focus on these stages and their related aspects. Davidson and Kunze (1965) found that an overwhelming number of employees have no idea what retirement means, what it consists of, and whether they will be prepared for it emotionally and financially. The experience of Davidson and Kunze with workers facing retirement led them to conclude that "the absence of precautionary advice to people of all ages concerning the need for preretirement planning could not have been more complete if society had contrived a deliberate scheme to withhold the information."

Our knowledge and research of the human life cycle beyond early adulthood is rather scant compared with our understanding of the stages prior to adulthood. Relative to the amount of time devoted to developing and managing the large store of technical knowledge now available to our society, very little time has been devoted to studying the implications this knowledge has for life in retirement.

White collar workers and skilled workers are usually retired without choice in contrast to certain groups like politicians, the self-employed, and professionals. Discussing retirement practices in medicine, law, and politics, Butler (1969) noted that "members of all three groups can die with their boots on and may continue to practice despite disability." Data on labor force participation show that workers in high status occupations are more likely to be in the labor force after age 65 than those in the lower status occupations (Goldstein, 1967). Studies by Stokes and Maddox (1967), Friedman and Havighurst (1954), and Michelon (1954) have concluded that persons in the higher status occupations are less willing to retire because of the extra-economic benefits derived from the work experience.

"Persons entering later adulthood cannot have a clear picture of how they should behave until society decides what the later periods of life ought to be. The learning task is cognitively obscure and motivational elements are largely negative" (Carp, 1969). Since in our society we have not defined and clarified role models past early maturity, few norms for subsequent life stages exist to serve as models or goals. This lack certainly influences individuals' attitudes. In current American language usage, for example, senescence follows adolescence.

In the absence of appropriate life stage models, variables relevant to previous stages may be selected to measure performance. Consequently, it is not surprising that the later stages are associated with loss, measuring what has been left behind in the previous life cycle stage and associating it with the later stage.

What can result from a negative attitude towards aging and the anonymity maintained around the later years of life? There is an entire spectrum of consequences—unnecessary conflicts in growth, wear and tear on the organism, a potential to lose creativity, productivity, and leadership unnecessarily (Butler, 1967), and generally bad feelings about retirement and age-segregated housing—to name only a few.

In his study of retirement attitudes among heads of husband-wife families with an income of above \$2,999 in 1962 and 1963, Katona (1965) found that a fifth to a quarter of the respondents of various age groups dreaded retirement (See Table 16.). We do not know enough to say why these men dreaded retirement; financial concerns were probably an important factor. But maybe, as Butler has pointed out, after many working years and in the absence of role models, they also dread "the transformation of a 'person' to a 'nonperson'" (Butler, 1967).

Saveth (1961) and many others have emphasized that our society has failed to utilize the intellectual and emotional capabilities of the retired. For example, Carp relates the following incident, typical of many similar:

In 1960-61 (before Headstart) a group of retired schoolteachers in a housing project for the elderly in San Antonio, Texas, wanted to start a preschool program.



TABLE 16.—ATTITUDES TOWARD RETIREMENT BY AGE GROUP

[Percentage distribution]

Attitude <sup>a</sup>	Age of family head		
	35-44	45-54	55-64
Look forward to retirement; enthusiastic . .	51	54	48
Mostly look forward . . . . .	5	7	7
Both pro and con; mixed . . . . .	10	8	8
Dread retirement . . . . .	17	19	23
Not going to retire . . . . .	8	8	6
Not ascertained; do not know. . . . .	9	4	8
Total . . . . .	100	100	100

<sup>a</sup> Based on answers to the question: How do you feel about (head's) retirement, is it something to be looked forward to, or is it to be dreaded, or what?

Source: Katona, 1965.

Most children in the neighborhood entered first grade knowing no English, and the exteachers were aware of the handicap this imposes. All volunteers were in good health and seemed competent. They wanted no pay. However, no person or organization in the community would help them find spaces or contact parents (Carp, 1969).

Asking the question, "What is retirement for?" and then discussing several specific reasons for retirement, Belbin came to the following conclusion:

We believe, therefore, that retirement is being used increasingly as a means of getting rid of people in late maturity for one reason or another. We believe that the current attitudes of society to those in retirement are simply amplifications of attitudes already evident toward many in middle maturity. Middle-aged workers are valued in occupational life when their past work experience is directly related to current needs. But when current needs make new demands, the middle-aged worker is rejected because of his presumed lack of adaptability (Belbin, 1969).

In view of our attitudes toward retirement, how well do retirees adjust? An increasing proportion of the retirees — particularly those who are younger, retired earlier, and/or are better off economically — do well. Yet for the many retirees who are frustrated the rewards and satisfactions derived in middle maturity from an advancing career and income, community involvement, children, etc. decline in later maturity. In this regard, Greene and Pyron (1969) report that the retirees in their study "appeared to have adjusted rather quickly after retirement (57 percent in a few weeks), but a surprising 26 percent reported still not being used to not working. About half of the group were satisfied with the timing of their retirement, while 25 percent reported they wished they had retired earlier and an equal percentage wanted to go back to work."

Many researchers have investigated how the aged view and use leisure time. Beyer and Woods (1963), surveying 5,000 OASDI beneficiaries in 1958, found (1) that idleness constitutes a considerable portion of aged time and (2) that the other aged activities might be best described as providing relaxation and diversion but involving very little self-development or service to others. Hoar (1961) has concluded that the recognition, acceptance, and meaningful use of "free time" by older Americans is a major social problem.

Morgan, et al. (1962) studied the notion of retirement held by individuals who are not yet retired. Two-thirds of the non-retired aged 30 and above had no plans for what they would

do during retirement. Similarly, in another national sample of those aged 55 and above who were intending to retire, 49 percent had planned little or not at all; only 15 percent had planned a great deal (Institute of Life Insurance, 1964).

In contrast, note the recent findings from the "three country study."

In both Denmark and Britain men see the period of retirement as a time when one does nothing or when one rests after a lifetime of work. In the United States men see the retirement period as a time for activity, and Americans in retirement enjoy their "free-time" activities or various leisure-time pursuits. In fact, the data suggest that activity is so highly valued by older Americans that the pastimes of retirement take on the aspects of work. . . .

. . .disinterest in work cannot be attributed solely to lessening strength associated with advanced age. Rather, there would seem to be a critical turning point, at which a man ceases to think of himself as a potential worker and instead accepts his role as one who is retired (Shanas, *et al.*, 1968).

In conclusion, the prevalence of a negative attitude toward aging and retirement and the absence of clearly defined role models for the later life stages seems to put an unnecessary and costly burden on society and the individual. The associated conflicts cause wear and tear and lower the adaptability and resistance of the individual to other stresses, thereby increasing physical and mental illness. By the same token, the seeming inability or unwillingness to better use the experience, skill, creativity, and leadership of the retired may be considered an unwise social investment practice.

## G. THE DESIRE FOR LEISURE

Since the turn of the century the United States has witnessed a tremendous growth in leisure. Increased productivity has allowed the nation to cut the average workyear by an estimated 1,220 hours between the period 1890 - 1960 (Kreps and Spengler, 1966). This drop in working hours has resulted in establishment of the 8-hour day, increases in compensated holidays, extended vacations, introduction of sick leave, allowance for clean-up time, establishment of coffee breaks, etc. Obviously the individual would probably not consider all of this rise in nonworking time to be as "leisure." Also, in estimating the additional leisure available to today's worker, one must make allowances for increased time spent commuting, actual sickness, military duties, etc.

In addition to rising productivity, increased life expectancy has led to a substantial growth in free time. Of the 18 to 19 years of added life expectancy since 1900, nine of these added years on the average are spent outside the labor force. Again, the individual would not consider all of the added 9 years to be leisure; an expected four out of the nine years are spent receiving education and training for later productive roles. However, given the high incidence of early retirement in recent years, increasing numbers of Americans are adding additional years to their retirement period.

The combined effects of increased life expectancy and productivity on the amount of time allocated to work in 1900 as contrasted with 1960 are quite impressive. On the average, a male born in 1900 would have "worked" 18 percent of his life; in contrast, a male born in 1960 would spend only 14 percent of his life working (holding 1960 conditions constant for the period of life expectancy). Furthermore, arbitrarily assuming that 40 percent of one's life is spent asleep, the shift in time allocated to work is even more pronounced — from 30 percent to 23 percent. In other words, 7 percent more time is available for economically nonproductive activities, including leisure.<sup>2</sup>

<sup>2</sup>Economically nonproductive activities generally refer to activities that receive no remuneration. This does not mean, however, that these activities are not socially or personally useful.



For many individuals the increased time free from work has posed certain personal problems.<sup>3</sup> According to Mead, Americans traditionally have believed that leisure should be earned if it is to be enjoyed. Since the Second World War, however, this attitude may have changed for many. "As once it was wrong to play so hard that it might affect one's work, now it is wrong to work so hard that it may affect family life" (Mead, 1957). It is rather difficult to realize the extent of this attitudinal change and to estimate how the nation overall, as well as individuals in certain groups and classes, have adapted to increased amounts of free time.

At this point, an important question can be raised. Is there a genuine desire for more free time, or do current trends reflect an attempt by business and labor leaders to create work opportunities for the unemployed? Many unions have argued that the workweek and the workyear are too lengthy as long as there is unemployment. On the other hand, Brooks observed in 1956

Aside from the workers' desire for their paid holidays and paid vacations, there is no evidence that workers want shorter daily or weekly hours. The evidence is all on the other side. Hundreds of local and international officials have testified that the most numerous and persistent grievances are disputes over the sharing of overtime work. The issue is not that he has been made to work, but that he has been deprived of a chance to make overtime pay. Workers are eager to increase their income, not to work fewer hours (Brooks, 1956).

Has the attitude of most workers changed since Brooks made this observation?

There are two choices to be resolved — greater leisure versus greater income and when that leisure will be available, i.e., in what form. For example, a shorter workweek may have less utility to the worker than a longer vacation. And leisure in early retirement may have the least utility of all types of leisure — except, of course, for the free time associated with unemployment. The form of leisure determines its time-distribution over the life cycle; this constitutes, therefore, an important social choice.

To analyze the implications of these choices on retirement, Kreps and Spengler (1966) projected economic growth under various alternatives for leisure. The extremes of the spectrum of alternatives are discussed below. The basic assumptions were (1) that the 1965 GNP would grow 4.1 to 4.2 percent annually, (2) that the population would increase by 1.5 percent annually, and (3) that unemployment would average 4.5 percent. In the extreme case that assumes a constant per capita GNP at the 1965 level and that all output is taken in some form of leisure, the U.S. in 1985 could "select" one of the following possibilities: (1) the workweek could be reduced to 22 hours, (2) workers could retire at the age of 38, or (3) workers would need to work only 27 weeks of the year.

Instead of focusing on work or retirement, society could choose more education; for example, 45 percent of the labor force could be kept in training or retraining or the present prework education period could be increased by 17 years. Combinations of these possibilities are possible, of course. In another extreme example of the potential for growth, 1965 work conditions can be held constant. This assumes that there would be no change in the length of the workyear until 1985. Under these conditions, the projected Gross National Product in 1985 would be 2.5 times its 1965 level, and per capita GNP would be 1.8 times its 1965 level.

Between these two extremes of either all output or all leisure, combinations of both are possible, and in allocating leisure, society can choose either one possibility or a combination of several forms of leisure, as has been indicated above. As far as retirement is concerned, Kreps comments:

In allocating to the retirement period an increasing portion of our leisure time, we have in this country magnified the difficulties of maintaining adequate incomes in old age. By contrast, a more even distribution of free time through the worklife minimizes the problem of transferring income claims from workers to nonworkers.

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<sup>3</sup> With regard to leisure in retirement, see also the Section III, F. Attitudes and Roles.

There is some question, also, of the value of leisure conferred in old age (particularly if it is accompanied by sharply reduced incomes). Whereas free time during worklife might have great utility, any significant movement toward early retirement may confer leisure — supposedly a superior good — in such a way as to reduce its utility substantially (Kreps, 1966).

## H. INSTITUTIONAL CONSTRAINTS

In the previous sections, factors influencing the retirement decision were discussed. In this discussion it was tacitly understood that the older worker planned to retire vis-a-vis a number of institutional constraints which were beyond his immediate power to alter and, in some instances, beyond his immediate ability to recognize. Such constraints certainly influence the retirement decision and life in retirement, even though the influence may not be immediately obvious in some instances. The purpose of this section, therefore, is to point out some of the constraining factors that influence work opportunities for older workers.

It is a fairly obvious proposition that the lack of employment opportunities for the older worker may lead to a state that resembles retirement. As a matter of fact, in several surveys, people willing to work but unable to find jobs often resign themselves to retirement status. Unfortunately, retirement in these cases becomes confused with unemployment or underemployment. Before discussing factors influencing the work opportunities of older workers, therefore, it is necessary to clarify the distinction between unemployment/underemployment and retirement.

The satisfactions derived from leisure are gains to the individual that are often excluded in "cost-benefit" thinking. The benefits of leisure, however, are of invaluable help in defining the difference between retirement and unemployment. In a first step to conceptualize this difference, Ayers Brinser (1966) made an effort to define retirement as a ratio of voluntary expenditure of time to involuntary use of time. An individual's state — be it employment or leisure — is considered voluntary when the rewards of this state are, at least partially, satisfaction as a result of the individual's efforts while in this state. Employment, for example, is voluntary when it includes satisfactions other than wages; otherwise it is involuntary. Similarly, leisure is considered involuntary when it consists of enforced idleness as a result of sickness, for example.

The ratio between voluntary and involuntary states serves as an indicator or index of welfare derived from retirement. A ratio greater than one indicates that more time is spent in voluntary states than in involuntary ones; this is an indication of retirement. A ratio less than one indicates unemployment or underemployment. Retirement is typically characterized by the benefits outweighing the costs; unemployment or underemployment is just the reverse.

### 1. Obsolescence of Skills and Unemployment<sup>4</sup>

With advanced production processes and increased productivity, many long-established industries have witnessed a gradual decline in employment. Coal mining, railroads, and agriculture are just a few examples of industries in which millions of workers have been displaced over the last twenty years. While new positions in these industries have no longer been made available and workers with less seniority have been laid off, older workers have remained generally employed, leaving these industries with a concentration of older workers (Wirtz, 1965). Similarly, older workers have been more widely employed in textiles, leather, apparel, footwear, and food industries than in the fairly recent and fast growing industries such as electronics, spacecraft, etc.

Many skills developed in the old established industries cannot be readily used in the "new technology" industries. This incompatibility of skills has become a problem to the older

<sup>4</sup>For additional information, see the Background Paper on "Employment."



worker when many of the old established industries have shifted their locations from the Northeast, Middle Atlantic, and North Central States to the Southeast, Southwest, and West. There has followed an increasing population in these areas in search of new markets and occasionally a lower cost structure. Consequently, many older workers have been left behind with little hope for new employment. The difference in the occupational composition of the "new technology" industries in comparison with those in which the older workers had been employed has made their re-employment difficult. Adding to the re-employment problem, many of these new industries, especially defense-related industries, have also located in the Southeast, Southwest, and West. Thus, modern technology and geographical relocation of industries has left behind a large number of older workers whose skills have become obsolete.

The employment opportunities for workers age 45 and above are best at times of high economic activity. During these periods of strong demand for labor, employers are generally more willing to train the older workers and to change job requirements to suit their needs and abilities.

In recessions, older workers are usually better off than those who have been hired recently. Seniority and work experience protect them from being laid off immediately. Nevertheless, among the unemployed during these periods are many workers above the age of 44, who find it very difficult to be employed again in subsequent periods of recovery.

## 2. Pressures to Retire

### 2.1 OASDI Minimum Retirement Age Provisions

In addition to facilitating retirement, a pension program may actively encourage or discourage retirement at various ages. It is generally recognized, for example, that the major reason for support of Social Security legislation in the United States in the thirties was the desire to encourage older workers to retire and thereby to mitigate some of the widespread unemployment existing at the time.

There is now little question that the establishment of age 65 as the minimum age for unreduced OASDI retirement benefits is today one of the most important factors influencing the age of retirement. Participation in the work force by men drops dramatically at age 65. For example, male labor force participation currently drops from about 90 percent for ages 55 to 59, to about 80 percent for ages 60 to 64, to about 35 percent for ages 65 to 69.

In addition to making benefits available to workers who are considering retirement, OASDI "sets the pattern for private and for State and local government retirement plans and, more generally, . . . conditions both employer and employee attitudes toward 'normal' retirement age" (Pechman, *et al.*, 1968).

The introduction of an early retirement option for women in 1956 and for men in 1961 has had an independent but major effect on work force participation. As indicated in Section III above, application for early retirement benefits, i.e., reduced Social Security benefits, has been very large. Apparently, however, not all these applicants are primarily motivated by a personal preference for retirement. "Persons who are age 62 at entitlement include a substantial number who presumably would have filed earlier if retirement benefits had been payable at an earlier age. Twenty percent of the men in this group had not worked for 12 months or more before they claimed benefits; a sixth of those claiming benefits at age 62 who were not employed at the time of interview had not worked for at least three years" (Merriam, 1970).

Periodically, bills have been introduced in the Congress seeking to reduce the initial eligibility age for Social Security benefits from the present age 62 to age 60. It is proposed that the benefits be actuarially reduced, based on the number of years payment began before age 65. There are at least three major costs associated with such a solution. First, by encouraging and, in some cases, forcing workers to retire early with reduced Social Security benefits, the resulting retirement income may be seriously inadequate. Second, there is the loss in real output arising from the consequent reduction in the labor force. Third, by institutionalizing

age 60 as the initial eligibility age for Social Security, Congress may, in effect, be setting a guideline that would tend to push the normal age of retirement lower for private pensions; the costs of lowering the normal age of retirement are discussed in Section V. Issues.

## 2.2 Mandatory Retirement Provisions in Private Pensions

Information on current industry practices with regard to compulsory retirement is not extensive and also is not up-to-date. The National Industrial Conference Board, defining compulsory retirement as policies that result in less than 5 percent of employees being retained by a company beyond the age of 65, reported that in 1961 close to 60 percent of companies surveyed "(at a minimum) [had] compulsory retirement at 65, regardless of individual ability to handle assigned work satisfactorily" (Fox and Kerpen, 1964).

Another study (Slavick, 1966), using a different "retirement age policy" classification system, found compulsory retirement practices operating in about two-thirds of the companies that had a formal pension plan; companies without pension plans typically had flexible retirement age policies.

## 2.3 Pressures to Retire Early

It is extremely difficult to assess whether management actively encourages or even pressures workers to retire early. The evidence is rather scant. In a major survey of early retirement company policies, Greene and Pyron (1969a) found that 186 companies (93 percent) of 200 nationally surveyed companies had early retirement provisions. Forty-one percent of these companies had initiated their programs between 1948 and 1958, and 26 percent had their programs established prior to 1948. The fact is that the overwhelming proportion of private pension plans now contain provisions for early retirement. A survey of plans (U.S. Bureau of Labor Statistics, 1970) found only 15 percent of surveyed plans without such provisions in 1969. Minimum age requirements for early retirement eligibility vary from age 50 to age 62, with the most common requirement being a minimum age of 55. Minimum service requirements are present in most plans, varying from 1 to over 30 years; most plans have minimums between 10 and 20 years.

More than half of the reporting companies in the Greene and Pyron study indicated that early retirement had substantially increased over the last decade. Also, the number of early retirees increased with the size of the company. When directly asked about their retirement policies, 17 percent of the companies said that they encouraged early retirement (5 percent discouraged it) and 76 percent reported a neutral policy. Among those allowing (not encouraging) early retirement, slightly less than half offered financial incentives, mainly in the form of supplemental pension benefits until the Social Security payments took effect. Other forms of incentives were one-time cash settlement (9%) and full pension as if retired normally (25%).

The questionnaires on company policy were usually filled out by corporate financial officers who were in positions of decision-making power relative to retirement policies and procedures. In answer to the open-ended questionnaire, five areas of concern were frequently voiced by management. Generally speaking, management was concerned with (in order of frequency):

- (1) The effect of early retirement on the social, psychological, and financial well-being of the individual.
- (2) The effect of early retirement on the company's competitive position and operating effectiveness.
- (3) The lack of knowledge on which to base retirement policies and programs.
- (4) The lack of a broader understanding of the effects of early retirement on the economy and society, especially during inflationary periods.
- (5) Ambivalence about encouraging or discouraging early retirement.



TABLE 17.—CO-WORKERS, COMPANY, AND UNION ATTITUDE TOWARD  
EARLY RETIREMENT

[Percentage distribution]

Attitude	Co-Worker	Company	Union
Encouraged. . . . .	28	15	14
Discouraged. . . . .	18	20	4
Neither encouraged nor discouraged . . . . .	46	62	82
No response . . . . .	8	3	-
Total . . . . .	100	100	100

Source: Adapted from Greene and Pyron, 1969a.

Greene and Pyron also directly asked workers about management, union, and co-worker attitudes and pressures. "The majority of early retirees reported that their co-workers, the company, and the union maintained a neutral attitude and neither encouraged nor discouraged the decision." Forty-six percent said their co-workers were neutral; 62 percent said the company was neutral; and 82 percent said the union was neutral (See Table 17.).

On the other hand, studying "company-initiated early retirement as a means of work force control," T. J. Fields concluded:

We are confident that involuntary early retirement was practically nonexistent before 1956. Based on the frequency of its use, and the number of employees retired under it during the six-year period under study, our prediction is that the practice will become more prevalent in industry and commerce — 90 percent of the firms having the plan have used it, where only 15 percent of companies using the plan expressed dissatisfaction with it.

Most employers in our case studies, especially those who used early retirement to sharply cut the numbers in the work force, did so under a cloak of voluntarism. This is understandable and perhaps commendable. Wilfred Brown points out that most managers tend to shrink from judging the work of their fellow human beings. They are faced with the fact that their decisions in such circumstances may have considerable bearing not only upon the future of subordinates, but on the fortunes of their homes and families. These considerations set up emotional barriers difficult for managers to overcome. One way around these barriers is to make it possible for employees to voluntarily do what employers want them to do. This in effect is what some employers in our case studies did. They offered a special early retirement "opportunity" to everyone who was of a certain age and had acquired a specified minimum years of service in the organization. At the same time they advised that other action less favorable from the point of view of the majority in the work force would be taken if the necessary work force reduction was not accomplished by means of early retirement. This action brought both managerial and fellow employee pressure, including union pressure — where there were unions — upon the eligible individual to retire early (Fields, 1963).

### 3. Age Discrimination in Employment

Saveth (1961) and Butler (1966), to name a few, have emphasized the importance of matching social and personal needs of continuity and legacy in the later life stages. (See

Section III, F. Attitudes and Roles.) Their observations certainly apply not only to the retired but also to the older worker. Practices commonly summarized under the term "age discrimination in employment" can be considered a paradigm of such need deprivation, with ensuing social cost and individual hardship. These unnecessary consequences have been spelled out in detail (Wirtz, 1965) and are summarized as follows:

(1) Social consequences.

Approximately one million productive man-years are not utilized each year because workers over 45 are unemployed; many more productive years are lost because of forced, compulsory, or automatic retirement. Though the social cost, e.g., in the form of lost inventions, ideas, leadership, etc., cannot be estimated, approximately one billion dollars of unemployment insurance payments annually can be attributed to unemployment due to age. The potential loss of production might result in two or three times the unemployment insurance payments attributable to discrimination.

(2) Individual consequences.

Compared with workers below the age of 45, the older worker is disadvantaged in several respects. He is more likely to be unemployed and, in addition, to be unemployed on the average 8 weeks longer than the younger worker. This average of 8 weeks is considerably influenced by long-term unemployment (over 27 weeks), which often ensues in a qualitatively different kind of disadvantage — deterioration of skill, obsolescence of skill, reduced motivation, increased frustration, and subsequently reduced acceptance by potential employers.

In 1965 the nation was made aware of the extent and nature of discrimination toward older workers. In a report to the Congress, then Secretary of Labor Willard Wirtz (Wirtz, 1965) pointed out that the most obvious form of age discrimination in employment took the form of employers' policies not to hire any person over a certain age. At that time more than 50 percent of all employers were applying such limitations and, as a consequence, about half the available job openings were closed to applicants over 55 years of age (and 25 percent were closed to applicants over 45).

Since June 12, 1968, the Age Discrimination in Employment Act has protected individuals between 40 and 65 from age discrimination in employment in matters of hiring, discharge, compensation, and other terms, conditions, or privileges of employment. The period of time since its enactment is too brief for an evaluation of its social and individual implications.

#### 4. Social Security Retirement Test

The purpose of the retirement test — when initially introduced — was to restrict benefits to persons without earnings in retirement. In the 1940's benefits were suspended for every month in which the beneficiary had earned more than \$14.99 in employment. Consequently, many observers had the impression that the test discouraged workers from holding jobs because they did not want to lose benefits and that it was inconsistent with the initial intent of Congress, which had been to encourage aged workers to retire and thereby alleviate unemployment among younger workers. However, the original test has been liberalized. Its effect on the employed beneficiary has changed and is now less clear.

At the present time no benefits are withheld for any month with earnings of \$140 or less. Benefits are reduced \$1 for each \$2 of earnings between \$1,680 to \$2,880 annually and \$1 for each \$1 of earnings above \$2,880 annually. At the age of 72 the test no longer applies.

To determine the effect of the test on the work and earnings of retirees, Sander (1968) analyzed the Social Security Administration's "one percent continuous work history sample" of 1963. The 1963 test resembled the current test; however, the limits were \$1,200 and \$1,700, respectively, instead of \$1,680 and \$2,880. Sander found that the lower limit had a marked effect on beneficiaries' earnings. The income of 61 percent of all working beneficiaries aged 63 to 72 stayed under the lower limit; the majority of earnings were in the \$1,000 to



\$1,199 income group. Above the lower limit, no particular difference was found between those below and those above the upper limit. Similar findings were reported by Gallaway (1965).

Both Gallaway and Sander pointed to the fact that the test has another adverse effect on the earnings level and marginal pay rate of those beneficiaries subject to it. Under the current provisions the disposable income can be increased by the after-tax amount of the first-earned \$1,680. Above this amount up to \$2,880, the 50 percent cut and taxes reduce the beneficiary's marginal pay rate by approximately half. Above \$2,880, due to taxes and reduced benefits the beneficiary will find himself with less disposable income than he would have received if his earnings had stopped at \$2,880 (i.e. he works at a negative marginal pay rate). This situation ends when a worker receives sufficiently large earnings to cause him to lose all entitlement to Social Security benefits.

Unlike a number of foreign social security systems, the United States system does not directly encourage workers to continue working by paying permanently increased benefits to late retirees. Writing in support of such a provision, Pechman, *et al.* observe:

The delayed retirement credit would provide direct, tangible, monetary incentives for aged persons to continue work. When jobs were available, an aged worker could enter the labor force with the knowledge that any temporary loss in OASDI benefits because of the earnings test would be fully compensated by higher benefits when he again left the labor force. If the delayed credit were effective in encouraging mobility in and out of the labor force, the cyclical flexibility of the total labor force in the economy would be enhanced. Aged workers would be a source of additional skilled manpower when labor was scarce, but could leave the labor force at will to receive retirement benefits when job prospects were less attractive. The delayed retirement credit could be combined with exemption from OASDI payroll taxes after age 65 to make work for the aged much more remunerative than at present (Pechman, *et al.*, 1968).

Liberalizing the retirement test has been condemned by many people as a reform that would help people with high incomes at the expense of those with little income. This is, of course, true if one is talking about complete elimination of the test. It is not true if the test were to be liberalized in such a way as to allow only those persons with low or moderate earnings to work part-time in retirement to supplement their pension income.

Alternatively, Pechman, *et al.* (1968) have suggested that workers over age 65 be exempted from paying OASDI payroll taxes. Exempting the employee's share of the payroll tax would make work more attractive by raising his take-home pay.

## IV. THE PRESENT SITUATION

### A. PUBLIC AND PRIVATE RETIREMENT PENSION PROGRAMS<sup>5</sup>

During the postwar period significant changes in retirement security have taken place in the United States. Social Security eligibility has now been extended—along with higher benefits—to all but a very small minority of the regular work force; the number of people under private pension plans likewise has mushroomed, as have the assets of such plans, and Medicare has become a reality.

In 1950, 21 percent of the population aged 65 and over were receiving Social Security benefits. By 1967 the percentage had risen to 90 percent and is expected to continue to rise. There are two major reasons for this. First, the number of aged workers—and their spouses—who retired in the thirties before becoming eligible for Social Security in covered industries is declining and is becoming a smaller proportion of the total aged population. Second is the series of Social Security amendments that went into effect in 1950, 1954, 1956, and 1965. These revisions extended coverage to regularly employed farm and household employees, self-employed persons (including physicians), State and local government workers, employees of nonprofit organizations (by special arrangement), farm operators, and members of the Armed Forces.<sup>6</sup> More recently, in addition to this extended coverage, Social Security provisions have been changed to liberalize work requirements, creditable earnings, and the general benefit structure.

Major changes have also taken place in the United States with regard to private pensions. In 1950, 9.8 million workers were covered by some type of private pension or deferred profit-sharing plan; in 1965, more than 25.4 million workers were covered. At the same time the number of private pension beneficiaries rose from 0.45 million to 2.75 million. By 1968 private pension coverage had been extended to 28.2 million and beneficiaries rose to 3.8 million (Kolodrubetz, 1970).

Of course, the development and growth of pension plans in the United States has important implications for retirement and also for the transition into retirement. Pension plans often make it possible to retire and also affect satisfaction in retirement by providing a major substitute for the loss of earnings after full-time work stops. In addition, pension plans through various types of provisions, rules, program devices, etc. can either encourage or discourage workers from retiring at various ages. The sections below look at the present situation with regard to pension plans, surveying the extent to which they facilitate and thereby encourage retirement.<sup>7</sup>

#### 1. Pension Coverage and Benefit Levels

Initial findings of the 1968 Survey of the Aged indicate the major role played by pension programs in providing income for the aged.

<sup>5</sup> Pension programs are also discussed in the Background Paper on "Income." The focus in the present paper is on how pensions influence the retirement decision. The adequacy of pension programs, and other aspects, are not discussed extensively.

<sup>6</sup> All gainfully employed workers are now covered by social security except (1) some government employees with other retirement coverage, (2) farm and domestic workers who are not regularly employed, and (3) self-employed persons who have very low incomes.

<sup>7</sup> Pension program factors that encourage or force workers into retirement are discussed in Section III, H. Institutional Constraints.

Clearly, benefits under the OASDHI program are crucial for the support of the aged population. More than four-fifths of the aged units were drawing a regular benefit at the end of 1967 and another 5 percent drew a "special age-72" benefit. In aggregate, OASDHI benefits accounted for more than a fourth of the total money income received in 1967 by those aged 65 and older and their younger spouses, after account is taken of the estimated total income from assets and employment that was received by very high-income units. If the 1968 and 1970 benefit increases had been in effect and income from other sources had remained the same, OASDHI would have accounted for about 30 percent of an enlarged total (Bixby, 1970a).

The data . . . show that 19 percent of all married couples with one member aged 65 and over had private pension payments in 1967. Seven percent of the married-couple units in the survey received supplements to their OASDHI benefits through other public retirement programs (railroad or government employee plans); only 3 percent of the married couples received retirement benefits solely from such public retirement plans. Thus, for 62 percent of the married couples OASDHI was their only source of periodic retirement benefit. About 10 percent of the units did not receive retirement benefits of any type but relied mostly on employment as their source of income. The same general pattern of source of retirement benefits prevailed for aged single men and women (Kolodrubetz, 1970).

Beneficiaries that also received a pension as a former employee of a Federal, State, or local government or under the railroad retirement system appear to have been in a slightly better income position than those who drew a supplementary private pension. . . . *The significant difference, however, is between those with more than one pension and those with no pension or survivor benefit other than OASDHI [italics, mine].* The income distribution for beneficiaries with no other pension was very similar to that for beneficiaries with no work experience in 1967 (Bixby, 1970a).

Thus, the picture that one gets from the 1968 Survey of the Aged is one of a continued rising importance for pension income and, as would be expected, a steady upward trend in the proportion of aged persons with income from a second pension. The significance of the rise in second pensions should not be underestimated. Table 18 shows, for example, that there is a

TABLE 18.—TOTAL MONEY INCOME OF OASDHI MARRIED COUPLE BENEFICIARIES, TYPE OF PENSION BENEFIT RECEIVED AND INCOME GROUP, 1967

[Percentage distribution]

Income	OASDHI only	OASDHI and	
		Public	Private
\$2,000 or less . . . . .	29	5	2
2,000-2,999 . . . . .	27	14	17
3,000-4,999 . . . . .	26	49	48
5,000-9,999 . . . . .	14	27	27
10,000 or more . . . . .	3	6	5
Total . . . . .	100	100	100
Number reporting (in thousands) . . . . .	2,665	299	692

Source: Adapted from Bixby, 1970.



striking contrast between the money income of OASDHI beneficiary couples with and without a second pension. For example, 44 percent of the couples with only OASDHI had incomes below \$2,500, but only 7 percent of couples with OASDHI plus a private pension benefit had incomes this low.

However, the growing role of private pensions in facilitating retirement by improving the adequacy of retirement income raises a serious problem:

While private pension plan coverage has grown rapidly and covers a little over half the employees in private non-agricultural industry, there is a sharp limit to their ultimate extension. There are large segments of industry for which it is hazardous to predict the establishment of pension plans. Small employers and highly competitive, marginal enterprises may feel that they lack the ability to pay for pensions; if their workers are unorganized, they may never set up plans. In many industries, job turnover may make individual employer pension plans virtually meaningless. Without a union to force the establishment of an industry-wide arrangement, it is difficult to imagine an unorganized construction worker being covered by a pension plan. Employment conditions in agriculture would have to be revolutionized before pension plans could be considered there as realistic possibilities (Tilove, 1968).

There has been some slowdown in the rates of growth of private pension coverage since 1960. This slackening indicates that a large proportion of the employed labor force is having difficulty in securing supplemental retirement protection, under the existing structure and operation of private pension plans. The most accessible groups are already covered, and future expansion must be in industries in which small business are prevalent. Current trends indicate that the vast majority of newly established plans are in this category.

The pension potential of workers currently without coverage has been classified by the U.S. Special Committee on Aging (1970a). The classification is shown in Table 19.

The segment of the work force where efforts to expand pension coverage appear most urgent is the private industry wage and salary worker group. Not only does this group represent nearly two thirds of all persons currently without coverage, it also is the category most likely to serve as the conduit through which the unemployed can ultimately be brought under private plans.

TABLE 19.—POTENTIALS FOR PRIVATE PENSION COVERAGE GROWTH

Pension potential	Number of workers	Description
Poor	5,322,000	Unemployed and unpaid family workers. As long as pension coverage is confined to the employment relationship, these groups are automatically excluded.  Agricultural workers. This is perhaps the least likely of all working groups to attain pension coverage.
Fair	26,187,000	Wage and salary workers in private non-agricultural industries. Prospects for coverage actually range from "poor" to "excellent," but as a group their potential is only "fair" for reasons to be explored in later comments.
Good	1,987,000	Government workers. The mechanism for coverage is generally in operation, and it is only a matter of time before the group attains optimum coverage.
Excellent	7,086,000	Self-employed workers. Coverage for most of this group is a matter of self-determination.

Source: U.S. Special Committee on Aging, 1970a.



It is with this problem in mind, for example, that the President's Task Force on the Aging (1970) recommended in its report that President Nixon create a new "Pension Commission" and that this commission be directed to give high priority to enlisting "The ingenuity of the financial community in designing as a companion to the Social Security System a portable voluntary pension system."

## 2. Vesting

The adequacy of pension benefits in retirement, and hence the worker's ability and/or desire to retire, is influenced not only by whether he was covered by private pensions during his working life but by whether he actually receives a pension based upon such plan participation. Vesting refers to the provision in pension plans that guarantees those covered by the plan that they will receive all or part of the pension benefit for which they have qualified, whether or not they are working under the plan at the time of their retirement. Through vesting, the pension rights of otherwise qualified workers are protected whether the workers are discharged, furloughed, or quit voluntarily.

Typically, plan provisions set minimum age and/or minimum length of service requirements as qualifications for vesting. A plan may thus require that a worker have 10 or 15 years of service and be over age 40 before he acquires any vested right to a pension benefit. Although there is great diversity among the vesting provisions of private plans, two major types may be identified.

If a plan provides that an eligible worker retains full right to his accrued benefits once he meets the specified requirements — after age 40 and 10 years of service, let us say — then the plan is said to offer deferred full vesting. If a plan provides that a worker gains rights to a certain percentage of his pension benefits upon meeting the minimum age and/or service requirements and that his percentage of entitlement rises through the ensuing years of employment to an eventual 100 percent, the plan is said to offer deferred graded vesting. About 70 percent of those covered by plans with vesting have deferred full vesting (Landay and Davis, 1968). Nearly all the others covered by plans with vesting have deferred graded vesting; immediate full vesting is extremely rare.

In 1969 plans with vesting provisions covered 76 percent of all workers participating in plans with more than 25 participants (U.S. Bureau of Labor Statistics, 1970). This compares with 63 percent in 1967 and 59 percent in 1962. Table 20 shows the distribution of minimum age and service requirements prevailing among private plans in 1969.

More than one-third of all plan participants could receive a nonforfeitable right to a vested or early retirement benefit at age 40 with 10 years of service. By age 55, all but about 10 percent of the workers covered by plans who had 15 or more years of service under the plan would have a right to either a vested or an early retirement benefit.

The controversy over the adequacy of current vesting provisions and improvement trends continues. The arguments are illustrated by the following observations:

(1) For the 3.3 million (1967) participants in contributory plans with vesting, the protection is pretty much illusory in view of the usual requirement that the exiting employee elect to leave his contributions behind, a choice seldom made. To those who argue that such an employee has no one to blame but himself I suggest: employees frequently do not know the greater value of the employer's contribution; the job-changing period often entails substantial needs for cash; and finally, if they think so highly of employee choice, let them try to run a fringe benefit program on a completely voluntary basis (Bernstein, 1970).

(2) The overwhelming majority of those 45 million workers will not get a nickel of that money. No one will steal it from them; no one will trick them; and in most cases no one will terminate the pension plans prematurely. They will be out in the cold because the terms of their pension plans simply will not provide them with a pension. They will feel tricked because they were unwilling, and in most cases unable, to read

TABLE 20.—EARLIEST AGE AND ASSOCIATED SERVICE AT WHICH WORKERS CAN ACQUIRE A NONFORFEITABLE BENEFIT RIGHT UNDER THE NORMAL EARLY, OR VESTING PROVISIONS OF PRIVATE PENSION PLANS, 1969

Plan provision and minimum service requirement <sup>a</sup>	Per- cent distrib- ution	Percent of active workers in plans with—									
		Total	No age require- ment	Age requirement							
				Total	40 or less	Over 40 and under 50	50 and under 55	55 and under 60	60 and under 62	62 and under 65	65 and over
Normal retirement, early retirement, and vesting	100	100	42	58	19	4	9	10	5	2	9
Less than 5 years . . .	2	100	38	62	5	--	3	32	11	--	11
5 to 10 . . . . .	37	100	67	33	15	4	3	5	3	1	2
11 to 15 . . . . .	36	100	20	80	36	5	15	12	3	3	5
16 to 20 . . . . .	17	100	28	62	1	5	10	16	8	3	30
More than 20 years . .	8	100	52	48	(*)	(*)	7	9	17	2	13
Normal retirement . . . .	100	100	6	94	--	--	--	3	8	14	69
Less than 5 years . . .	21	100	--	100	--	--	--	--	3	2	95
5 to 10 . . . . .	35	100	--	100	--	--	--	--	1	33	66
11 to 15 . . . . .	16	100	--	100	--	--	--	(*)	3	5	92
16 to 20 . . . . .	18	100	1	99	--	--	--	12	30	2	55
More than 20 years . .	11	100	50	50	--	--	--	7	16	10	18
Early retirement and vesting . . . . .	91	100	46	54	21	5	10	11	5	2	--
Less than 5 years . . .	1	100	43	57	5	--	4	36	11	--	--
5 to 10 . . . . .	36	100	68	32	16	4	3	5	3	1	--
11 to 15 . . . . .	34	100	21	79	38	5	16	12	3	3	--
16 to 20 . . . . .	11	100	43	57	2	8	15	20	9	3	--
More than 20 years . .	7	100	61	37	(*)	1	8	10	17	2	--
Early retirement . . . . .	87	100	9	91	--	--	3	63	20	4	--
Less than 5 years . . .	9	100	1	99	(*)	2	4	71	22	--	--
5 to 10 . . . . .	25	100	(*)	100	(*)	--	1	69	27	2	--
11 to 15 . . . . .	23	100	(*)	100	--	1	2	73	17	7	--
16 to 20 . . . . .	12	100	1	99	--	--	3	64	19	13	--
More than 20 years . .	18	100	43	57	--	--	7	37	11	1	--
Vesting . . . . .	77	100	51	49	25	5	8	10	--	--	--
Less than 5 years . . .	1	100	82	18	12	--	6	--	--	--	--
5 to 10 . . . . .	34	100	74	26	17	5	3	2	--	--	--
11 to 15 . . . . .	30	100	26	74	44	5	19	6	--	--	--
16 to 20 . . . . .	9	100	43	57	2	9	16	29	--	--	--
More than 20 years . .	2	100	66	34	1	2	13	19	--	--	--
Deferred full vesting . . .	67	100	50	50	27	6	9	9	--	--	--
Less than 5 years . . .	(*)	100	93	7	7	--	--	--	--	--	--
5 to 10 . . . . .	29	100	73	27	17	5	7	3	--	--	--
11 to 15 . . . . .	26	100	24	76	50	6	13	7	--	--	--
16 to 20 . . . . .	9	100	43	57	2	9	16	30	--	--	--
More than 20 years . .	2	100	66	34	1	2	13	19	--	--	--
Deferred graded vesting .	10	100	62	38	9	3	4	22	--	--	--
Less than 5 years . . .	(*)	100	67	33	19	--	13	--	--	--	--
5 to 10 . . . . .	5	100	77	23	15	2	6	--	--	--	--
11 to 15 . . . . .	4	100	40	60	1	3	1	54	--	--	--
16 to 20 . . . . .	(*)	100	69	31	--	31	--	--	--	--	--
More than 20 years . .	--	--	--	--	--	--	--	--	--	--	--

<sup>a</sup> The term service as used in this table is defined to include preparticipation service. The distribution includes 1,010 plans, with 2.3 million workers, that provide vested rights as shown in the table only in the event of involuntary separation (including continuous layoff); almost all of these plans also provide for the attainment of nonforfeitable rights, prior to normal retirement, in the event of voluntary separation. In such cases, the eligibility requirements are typically more stringent than those for involuntary separation. Plans which provide for special early retirement—essentially those providing for early retirement at the employer's request with an unreduced or higher than normal retirement benefit are excluded from this table.

\* Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals.

Source: Davis and Strasser, 1970.



and understand the terms of those plans — and I suggest to you that the supposition that additional disclosure requirements will somehow make them aware of their impending economic disaster is simply a delusion. Pensioners and pension participants are not stock brokers, not underwriters, not sophisticated investors (Frank Cummings, 1970).

(3) If vesting were to be a matter of legislation, I feel sure it will slow down the establishment of new plans and the improvement of existing programs. It obviously will mean less flexibility, in that employees and employers will be forced to settle for vesting when perhaps other provisions such as early retirement would be more important. It will give an unfair advantage to the employer with an unfunded plan since the proposals probably cannot require vesting in such plans (Lane, 1970).

(4) It is true that, by and large, the plans which burgeoned in the 1950's gave first attention to the needs of the superannuated and the older workers. That made good sense — the use of limited resources for the most urgent need.

With successive waves of improvement, the next most important purposes are being served — vesting to meet the desires of the younger workers; survivors' pensions and other death benefits to meet the needs of widows. This is a simple history of first things first (Tilov, 1970).

(5) . . . the fact that the percentage of actives eventually getting benefits is a very small number for some particular plans (it's only 2-3 percent in the case of group life insurance plans) is merely indicative of the flexibility of the pension tool under which a given sum of money can be allocated to as small a group of people as may be necessary or desirable in order to provide meaningful benefits. This doesn't prove that somebody is being cheated; it may suggest that the particular employer hasn't had his share of cost-plus government contracts (Jackson, 1970).

Estimates indicate that some approaches to mandatory minimum vesting requirements would not be expensive. The President's Committee, for example, estimated that deferred full vesting after 20 years of service would seldom add more than 6 percent to the cost of providing normal retirement benefits at age 65. Deferred graded vesting, with at least half the accrued normal retirement benefit vested after 15 years of service and full benefits after 20 years, would seldom add more than 8 percent to plan costs. S.3421, which was considered by the 90th Congress, would have required full vesting of regular retirement benefits after 10 years of service, excluding years of service prior to age 25. The Department of Labor estimated in 1968 that this requirement, which would immediately cover some 10 million workers, would cost one-third of the private pension plans nothing or at most an additional 3 percent. About one-fourth of the plans would be faced with cost increases of between 3 and 6 percent. Less than half of the plans, most of which lack any vesting provisions, would incur costs greater than 6 percent (U.S. Committee on Labor and Public Welfare, 1968).

It has long been contended that many workers change jobs unaware that they have gained vested rights to a pension benefit. When they qualify for its payment by reason of age, perhaps many years later, they may fail to apply for their pension benefit. This failure to collect their vested benefit may improve the actuarial status of the private pension fund and slightly lower the plan's true costs, but it works a hardship on the retiree and perhaps increases the need for Old-Age Assistance or other similar payments.

A solution, which has been proposed as far back as the 1961 White House Conference on Aging, would be to require private plans to report acquisition of vested benefits to the Social Security Administration when, for example, wage payments and tax collections are reported. The fact of vesting could then be noted on the individual wage records maintained by the Social Security Administration and then reported to the worker when he applies for his public retirement benefit. This procedure would, of course, amount to the designation of the Social Security Administration as a clearinghouse for information about eligibility for private pensions and would thus be a step toward full portability of pensions.

### 3. Survivors Benefits

A task force report, "Economics of Aging: Toward a Full Share in Abundance," emphasized that widows and other aged women living alone are currently a particularly economically disadvantaged group. "Six out of every 10 of them have incomes below the poverty line. In fact, the number of poor women living alone has actually increased over the years—from 1.8 million in 1959 to 2.1 million in 1966—a reflection of the increasing number who live independently even at the prime of poverty" (U.S. Special Committee on Aging, 1969).

The key role that could be played by public and private survivor benefits is indicated by a recent study (Loren and Barker, 1968). The study surveyed UAW union members and their survivors and found that total resources available to survivors were inadequate for long-term needs. More importantly, they found that without group survivors benefits, vast numbers of survivors would be virtually destitute. About 75 percent of the surveyed UAW families had financial resources at the worker's death of less than \$3,000; approximately half of the dependent surviving units had little or no net assets to supplement survivor benefits or work income.

Detailed data on the operation of group plans other than that for UAW employees are sparse; the general information that does exist clearly suggests that private pension plans are contributing very little to the income maintenance of persons who survive after a worker's death. In some private plans the worker himself must directly bear the entire burden of protecting his spouse; he must elect a reduction in his retirement pension to cover the actuarial cost of a survivor's benefit for his spouse. Apparently few workers, for various reasons, exercise this option. Other plans automatically continue benefits to survivors after the death of, in some cases, the active worker or in other cases, the retired worker.

A Bureau of Labor Statistics study of plans that had the automatic survivors feature in effect during the winter 1962-1963, found the following:

Death benefit provisions. . . were found in a third of the pension plans covering slightly more than a third of the workers. . . while about equal proportions of single-employer and multi-employer plans had them, a somewhat higher percentage of workers in multi-employer plans had this added protection. . . .

The industry patterns of death benefit provisions showed wide differences. Plans in manufacturing industries had the lowest prevalence of death benefits; less than 30 percent of the plans and workers. . . . In contrast, in communications and public utilities, a third of the plans with over two-thirds of the workers had them, chiefly because they were provided by all of the telephone company plans. Because several large Teamster plans had death benefits, almost 30 percent of the plans with over half the workers in the transportation industry had this protection. In finance, over half the plans with a slightly lower proportion of workers had a death benefit. In the mining industry, because the Mine Workers' plan provides death benefits from another part of the welfare and retirement fund, only a limited number of workers were in plans with survivor protection. While only 30 to 40 percent of the workers in construction, trade, and service industry plans were in plans with death benefits, the proportion was greater than in plans in manufacturing industries (U.S. Bureau of Labor Statistics, 1966).

In the Bureau of Labor Statistics *Digest of 100 Selected Pension Plans Under Collective Bargaining* (Spring 1968) we find more up-to-date information on a smaller group of plans, which "were selected because they illustrated different approaches to pension planning, or because of widespread interest in the plan, as manifested in inquiries received by the Bureau." Of the 100 plans surveyed, 44 percent made provision for a death benefit before retirement and 43 percent after retirement.

Thus we find even in this "unrepresentative" group of plans—a sample which overrepresents the bigger firms with the "better" pension programs—that only 44 out of 100



plans have automatic death benefits. More important, however, is the information summarized in Table 21, which shows the nature of the death benefit after retirement; survivor benefits paid when death occurs before retirement are not tabulated but are often similar.

The most common kind of death benefit is to pay a monthly payment to the survivor but only for a 6 month to 5-year period. After that, benefits cease entirely, ignoring the fact that the survivor's living expenses continue and no doubt increase over time.

Another common survivor's benefit is one that appears in plans where the employee has made previous contributions to the pension fund; usually this contribution is about 2 to 3 percent of his salary. The survivor benefit merely returns the employee's contribution to his survivor, together with the interest accrued on it.

The third common type of survivor's benefit is a lump-sum payment. The amount paid most frequently by firms using this plan is \$1,000 to \$3,500.

The least common type of death benefit is one that gives the survivor a benefit that is some percentage of the normal retirement benefit of the retiree. Table 21 shows that three plans pay benefits that are 90 or 100 percent of the normal benefit. Even these generous death benefits, however, are usually reduced as a result of any previous benefits paid to the retiree before his death.

In addition to survivor's benefits many firms also provide life insurance benefits to their employees. The value of this insurance at death varies widely, but based upon a selected group of plans surveyed by the Bureau of Labor Statistics, we see that the value of coverage varies from a low of about \$1,000 to a high of \$6,000, with a few exceptions below or above this range. Unfortunately a number of these insurance benefits are reduced substantially at age 65. For example, insurance in the auto industry (during 1966) is reduced 2 percent monthly until it equals 1½ percent of the amount in effect immediately prior to initial reduction multiplied by the years of coverage up to 20 years. In another example, among many tobacco workers the life insurance benefit is reduced 10 percent at age 65 and reduced by a like amount on each of the next four succeeding birthdays.

TABLE 21.—SUMMARY OF DEATH BENEFITS  
AFTER RETIREMENT

Type benefit	Number of firms
A fixed period of payments: <sup>a</sup>	
5 years of monthly payments . . . . .	8
3 to 4 years of monthly payments . . . . .	5
1/2 to 1 year of monthly payments . . . . .	3
Worker's contributions plus interest . . . . .	11
Lump-sum payment:	
\$3,500 to \$7,500 . . . . .	2
\$1,000 to \$3,500 . . . . .	5
\$400 to \$500 . . . . .	2
A percentage of normal benefits: <sup>b</sup>	
100 . . . . .	2
90 . . . . .	1
55 . . . . .	1
50 . . . . .	2
Other . . . . .	2

<sup>a</sup> Usually less payments received.

<sup>b</sup> Many of these benefits are reduced for previous benefits paid.

Source: U.S. Bureau of Labor Statistics, 1968.

#### 4. Communications and Disclosure

A great deal of discussion has taken place regarding employee expectations under the private pension system. Certainly what employees think they will get when they retire will influence the timing of retirement. There is very little factual evidence, however, about how much employees really know about and expect from their private pension plan. Certainly, as formal communication regarding pension plans has spread and become more sophisticated, individual workers' awareness of the plans and the provisions has increased, and their decisions have been and will be affected more strongly. But it cannot be assumed that participants in a pension plan have complete knowledge of their probability of receiving, say, a vested pension. One may reasonably ask the question as to whether the terminating worker knows that he is entitled to a vested pension and what conditions have to be met to protect this right or to achieve it. Certainly, based on documents and letters submitted by the Labor Department in the recent hearings on private pension plans, one would be led to believe that there are a substantial number of persons who do reach retirement age or terminate employment and who have then been disappointed to find that they do not qualify for a pension they anticipated or that there are no funds available (U.S. Committee on Labor and Public Welfare, 1968).

The pension promise for plan members is usually explained in plan booklets that typically illustrate the simple and routine cases. Since pension plans and other benefit plans have grown even more complex, the statements of such pamphlets regarding the limitations of the pension plan may be understood by the insurers, actuaries, lawyers, consultants, employers, unions, etc., but they are probably a little hazy for the persons to whom the pension plan actually applies.

#### B. PRERETIREMENT EDUCATION AND PLANNING PROGRAMS<sup>8</sup>

Reacting to the U.S. Civil Service Commission's study *Retirement Planning Programs* (1968), William L. Mitchell remarked in testimony before the U.S. Senate Special Committee on Aging:

While the Commission's study significantly advanced our knowledge on retirement planning, we still are in need of reliable data on certain aspects of the subject. *We know now unmistakably, at least in government, that the great majority of prospective retirees want help in preparing for retirement and that they look primarily to the employer as an important source of this help* [italics, mine] (U.S. Special Committee on Aging, 1970b).

Whether findings of this study of government workers are generally applicable to the entire working population is not known. There has been, however, a rising interest in preretirement education, counseling, and planning in both the public and private sectors. The names of the programs operating in this area have varied. There has been even greater variety in the content of and methods used in the various retirement-focused programs.

##### 1. Development of Preretirement Preparation Programs<sup>9</sup>

Although the origin of the first preretirement program is presently obscure, companies that have embarked upon preretirement preparation programs have followed either (1) the individual counseling approach or (2) the group approach. In commenting upon these approaches, Hunter (1968) observes that while little is known about the origins of the individual approach, group type preretirement planning programs can be traced to the pioneering work of two American universities — the University of Chicago and the University

<sup>8</sup> Preretirement education is also discussed in the Background Paper on "Education."

<sup>9</sup> This section is in large part excerpted from Greene, et al. (1969b) with the permission of the authors.



of Michigan. Both of these institutions have developed education programs for use by industry in helping them prepare their older employees for adjustment to maturity, retirement, and old age.

In tracing the growth of preretirement programs, the National Industrial Conference Board cited research that "a survey of seventy of the largest companies in the U.S. in 1951 indicates that thirty-seven percent (37%) had some type of counseling; in 1952, fifty-four percent (54%) of 657 companies had it; and in a 1955 Conference Board Survey, sixty-five percent (65%) of 327 companies had preretirement counseling." A 1964 survey by the National Industrial Conference Board reported that of the 974 companies surveyed, 65 percent had some type of preretirement counseling. The National Industrial Conference Board Report notes that "the amount [number] of companies with preretirement counseling included every company which answered 'yes' to the following question: Regardless of its degree of formality or informality, does your company have any kind of preretirement counseling for older employees?" No attempt was made to define what was meant by "counseling."

Only a limited number of surveys have aimed at determining the extensiveness or comprehensiveness of the counseling programs offered by companies. Wermel and Beideman conducted a nationwide study in 1961. Its purpose was to determine what companies were doing to prepare their older workers for retirement. In their work they attempted to differentiate between programs designed primarily for explaining the company's retirement benefits and those programs whose principle aim is to help employees prepare for retirement.

By analyzing the responses, Wermel and Beideman discovered that company programs could be grouped into two categories: The limited programs and the comprehensive preparation-type programs. A "limited" program was defined as being concerned primarily with the financial aspects of retirement, with emphasis on giving the employee information about his retirement benefits, options, and pension and an encouraging him to make financial plans. Individual counseling might have been provided if requested by the employee, printed matter might have been distributed providing information on retirement planning, etc., but this was very much incidental and not an explicit goal of the counseling program.

The "comprehensive" program, on the other hand, was defined by Wermel and Beideman as going beyond financial planning and dealing with planning for retirement adjustment such as physical and mental health, use of leisure time, etc.

Using this method of classification, Wermel and Beideman determined that 161 or 40 percent of the 415 responding firms qualified as having a "limited" counseling program, and that 136 or 33 percent were in the "comprehensive" category. The results of this study indicated that preretirement counseling programs were far more prevalent in Eastern companies than in Western companies. Forty-five percent of responding companies in the East indicated they had developed and implemented some kind of preretirement counseling program, 32 percent in the Midwest, while only 15 percent of responding companies in the West and only 8 percent in the South had either limited or comprehensive programs. Another interesting fact developed by the Wermel and Beideman study was that 52 percent of those companies that had a program had had the program for five years or less.

A more recent study by the American Association of Retired Persons (1967) on *Preparation for Retirement in the Federal Government* found programs operating in 36 percent of the reporting companies. Thus, despite wide variation in the proportion of companies reporting preretirement programs, accounted for mainly by difference in the survey base, all indications are that a significant proportion of older workers, probably the majority, do not have the opportunity to participate in a formal program of this type.

## 2. The Nature, Content, and Effect of Preretirement Programs

Various studies have indicated that participation in current company preretirement programs is almost universally made voluntary, that almost all such programs are held on company time and on employer premises, that responsibility for such programs generally resides within the personnel division of the firm, and that there are sharp differences in

perceptions among both employers and employees as to the purpose(s) of such programs. Regarding the latter, one report (U.S. Civil Service Commission, 1968) summarizes 60 possible "objectives of" and "objections to" preretirement programs.

The U.S. Civil Service Commission (1968) also reports that with regard to content, preretirement programs generally involve five basic areas — finances, health, housing, social-personal, and use of time. Reporting on the results of a survey of Federal employees, the study indicated which topics employees are most eager to see included in a retirement planning program. "Respondents were asked to 'check no more than ten most needed' topics out of a list of 39 topics often included in preretirement planning programs. The topic that ranked second for the retirees and third for the eligibles was 'What to Expect in Retirement.' (Ranked first for both groups was 'Retirement Benefits;' second for eligibles and third for the retirees was 'Part-Time Employment' " (U.S. Special Committee on Aging, 1970b).

Regarding the effectiveness of preretirement programs, the following conclusions have been made:

(1) . . . it appears that adequate retirement adjustment is a concern of a large segment of business management, but for some reason the growth of preretirement counseling programs has not increased significantly, with considerably less than half of the American companies making any attempt to prepare their employees, and probably less than ten percent of these companies have what could be called intensive preretirement counseling programs. One of the reasons cited for this reluctance to conduct programs is the lack of evidence that counseling really does improve adjustment and/or increase resistance to retirement. Limited studies do show that positive attitudes and planning do appear to be related to retirement adjustment, that these factors can be affected through a counseling program, and that valid instruments are available for measuring adjustment and resistance (Green, *et al.*, 1969b).

(2) The overall conclusion which we must draw from this study is that preretirement counseling as practiced in the four (4) firms we studied did seem to affect positively the adjustment of the retirees, and to some degree weaken the resistance of the older employees to retirement, as well as contribute significantly to better morale and job related attitudes of the employees in the last years before retirement (Green, *et al.*, 1969b).

(3) Programs were found effective by both retired and eligible employees who attended them. Nine out of ten of both groups liked the programs they attended. Programs were considered useful by 66 percent of the retiree participants and 82 percent of the eligible participants.

. . . In all these respects, program participants resemble employees satisfied with retirement, who were found more likely than those not satisfied to regard retirement as "good for a person," to have enjoyed their social life, and to have had plans for retirement (Sinick, 1970).

(4) The fundamental conclusion of this research clearly indicates that an organized program of preretirement planning which supplies needed information to assist individuals in their preparation for retirement does do much to allay personal concern (Drake University, 1969).

### 3. Illustrative Preretirement Education Programs

Preretirement programs are currently being sponsored by a variety of organizations: industries, unions, libraries, governmental units, adult educational departments, universities, churches, voluntary agencies, and even certain television stations. It would be impossible to summarize and describe all these programs in this paper — even if the information were available. Below are listed a group of randomly selected, illustrative programs with a very brief description of how they operate:

(1) Wayne State University Institute of Gerontology, University of Michigan.

The first educational program for older people in the United States was offered



by the University of Michigan during the Spring of 1948. Currently in the field of preretirement education the Institute of Gerontology offers (a) program development, consultation and demonstration program services, (b) leadership training courses and materials, (c) reading and visual materials, and (d) program evaluation services. For example, with support from Title V of the Older Americans Act the Institute offers a 14-week residential institute on retirement preparation leadership for personnel people, adult educators, labor union leaders, and others.

(2) Washburn University, Topeka, Kansas.

Washburn University recently taped 12 half-hour television programs presenting a broad overall view of problems relating to retirement. Distribution of such programs has been regional as well as local. The goals of the program are (a) to develop and produce institutional courses, (b) to disseminate effectively the information, and (c) to demonstrate the viability of television as a uniquely effective instructional medium for older adults. Additional programs are currently being developed.

(3) Massachusetts State Employees Association.

The Massachusetts State Employees Association has developed a pilot program designed to prepare State employees for retirement. It involves preretirement training and the development of a comprehensive manual relative to retirement. Also being developed for this program is a corps of trained information, resource, and referral personnel within the State government. Persons 61-64 years of age have been participating. Certain services and activities have been designed for persons 55 and over. The preretirement education involves group discussions, written materials, and other techniques.

(4) Oregon Center for Gerontology, the University of Oregon.

The Oregon Center for Gerontology has initiated "a state-wide action program" designed to make preretirement education available to all Oregon citizens and to train personnel to offer this service throughout the Western region. The four objectives of the program are (a) to focus attention upon the need for preretirement education, (b) to establish the Center as a focal point for the dissemination of research findings and for the application of such findings in its training Institute, (c) to establish programs to train personnel to design, initiate, and carry out preretirement programs in local communities, and (d) to coordinate the presentation of preretirement education classes for personnel in industrial firms, and others. The Oregon Center conducted summer institutions on "Education for the Retirement Years" during 1969 and 1970.

(5) Television Station KRON-TV, San Francisco. KRON-TV prepared a series of 13 consecutive programs on the problems and pleasures of aging, entitled "Gift of Time." The programs were designed to help retired persons decide what to do with their time and presented specialists from various fields. Mr. Louis Kuplan, a retirement counselor, served as program host and introduced the varied programs on such subjects as health, the economics of growing older, protection of property and rights, and uses of new leisure and community services.

(6) Retirement Advisors, Inc., New York City.

Retirement Advisors, Inc. is a private company engaged in providing preretirement and postretirement counseling services. Employers can engage the firm to provide many services: (a) Booklets are published four times a year for distribution to employees approaching retirement, dealing with different subjects of importance — housing, health, taxes, Medicare, community resources, etc. (b) Monthly newsletters are published for distribution to employees in retirement, giving practical information and suggestions of current interest. (c) Participating employees and retirees are invited to send in any questions they wish answered, and answers are sent back, or the person is referred to an appropriate information source.

(7) Chrysler Corporation Preretirement Program

Chrysler employees and their spouses have available to them, on a voluntary basis, a preretirement education program under the joint sponsorship of the Corporation and

the union. The program consists of seven two-hour weekly discussion sessions that are held in the evening to accommodate the employee's spouse. Vignettes and resource experts are used to promote group discussion and provide factual information.

The first session is the introduction and identification of potential problem areas. The second session deals with health. It emphasizes the importance of regular periodic examination along with exercise and involvement in hobbies and social activities. The next week covers living arrangements. The economics of retirement are considered in sessions four and five. The final session deals with the good use of time and the need to plan both mental and physical activities. "Don't retire from something, retire to something" is the general thrust of the whole program.

#### 4. An Assessment of Preretirement Education Programs

Despite general interest in preretirement education programs, the development of such programs seems to be in a very early stage. Significant numbers of workers do not have access to such programs, sponsored by either employers, nonprofit organizations, or the community. And there is still disagreement over the need for such programs and whose responsibility it is to provide them.

Some companies have felt that it is the company's responsibility to prepare the employee for retirement, through a series of intensive counseling sessions. The logic for this kind of thinking goes something like this: The person has spent his entire working life, or at least the last ten to twenty years before retirement, with the company. Thus, the company feels that they must not only provide for the financial adequacy after retirement but also that they have a responsibility to "re-program" the man so that he will be able to adjust psychologically in retirement.

On the other hand, some companies have viewed preparation for retirement as an individual responsibility. This is in keeping with the American tradition of saving for later security and the individualism which characterizes American industry. Thus, any company "counseling" program is seen as an interference in the employee's private life. Still other companies feel that the problems of retirement and aging are for the community, State, and federal governments to solve (Green, *et al.*, 1969b).

In addition, certain specific problems have been noted by persons studying existing programs.

- (1) A large majority of programs do not invite or encourage the attendance of spouses, despite strong indications that this is desirable.
- (2) Programs often do not begin till shortly before retirement.
- (3) The majority of programs are limited — concerned primarily with the financial aspects of retirement and distribution of printed matter. A more comprehensive program is usually not available to those that desire it.
- (4) Most adults today do little definite personal planning for retirement.
- (5) What is the "best" or most effective type of program is not yet known. Some evidence indicates the need for more intensive counseling programs to increase effectiveness and postretirement follow-up.

Recently, the Report of the President's Task Force on the Aging (1970) took a broader view of the question.

Traditionally, America's schools have been for children and youth. Increasingly, they are recognized as essential, in a changing, technologically-advancing society, for ongoing job training. The Nation must see its schools also as places where people can be helped to continue to grow throughout their lives. In the broadest possible sense they must become centers for later life or "retirement" preparation.



## V. ISSUES

If the nation agrees with the goal of expanding or maximizing the free choice of older workers as they approach old age with regard to (1) part-time versus full employment and (2) regular work versus retirement from gainful employment, the general question can be raised, What employment/retirement policies should be established by employers, unions, governmental units, and other organizations to help provide workers with a meaningful choice among various amounts of gainful employment, non-monetary work activity, and leisure activities?

Basic to the establishment of a meaningful choice are (1) the provision of adequate work opportunities for those able and willing to work and (2) the provision of adequate retirement income, beginning at the time when workers reach the traditional or so-called normal retirement age. Two other background papers deal with these two basic needs.

Therefore, as a basis for discussion of additional issues related to retirement, one can assume these two related needs are receiving attention. If the nation does commit itself, through private and public policy, to providing adequate work opportunities and adequate retirement income for the elderly, the following additional issues require careful consideration:

### *Issue 1.*

**Given that the normal age of retirement in the United States is currently around age 65, should current pressures to lower the normal retirement age below 65 be discouraged or encouraged?**

With the establishment by law that persons could receive Social Security benefits at age 65, Congress, in effect, promulgated a national age of normal retirement. Later, Congress amended the Social Security Law to provide payments at an earlier age — but always at a reduced rate. Most recently, the Congress has declared persons eligible for Medicare benefits, again, at age 65.

If pensions are to be adequate, they must as a matter of policy and necessity make provision for adequate payments throughout the entire retirement period, and an appropriate minimum age at which to begin receiving such payments must be selected. Past legislative acts and the institution of a normal retirement age in most private pension plans have resulted in a large outflow of workers from the work force around age 65. It is at this age that most pension plans currently begin paying pension benefits of maximum entitlement to replace the loss of income from earnings.

There is nothing sacred about age 65 as the age of normal retirement. Some persons argue that the trend toward early retirement, cited in Section III. Knowledge Available, is due in part, to the desire of large numbers of workers to retire at an earlier age. Others argue that with improved education and health care and with the decline in physical stress associated with many jobs, many workers are able to remain productive long beyond age 65.

Economic growth — resulting from technological innovation, rising levels of education, the growth of capital, etc. — has permitted living standards in the U.S. to increase while, at the same time, workers generally have had to work less to help produce the rising output of goods and services. Thus, as workers' lifetime earnings have increased, hours worked per week or the number of days worked have fallen; the length of vacations has increased; and the period of retirement has generally lengthened.

Continued economic growth in the future will presumably make it possible to reduce work effort still further while continuing to raise living standards and deal with the growing



social problems of our age. No doubt this means that hours worked per week will continue to fall, and vacations will be lengthened. The question arises, however, as to whether the normal age of retirement should also be reduced. All workers, whether young or old, should seriously consider when and how they want to take the leisure available to them throughout their lifetime.

Some persons have argued against reducing the normal retirement age and have suggested that we consider encouraging work beyond age 65 by financial incentives and flexible retirement rules. They argue that a concentration of leisure time at the end of the life cycle should be avoided in order to help minimize the financial, social, and psychological problems currently associated with the retirement period.

Instead, it is argued that continued emphasis should be given to the growth of holidays and vacations. In addition, various proposals have been made for increasing leisure during the working years by reducing the workweek, introducing sabbaticals similar to those currently existing in higher education, developing extended vacations, etc.

Others argue that the physical and emotional demands of many jobs today make it imperative that large numbers of workers be given the opportunity to retire at an earlier age. Any such reduction in the normal age of retirement, however, must be seen clearly as a decision in the long run for less leisure in the earlier years and/or less take-home pay in the working years (as a result of higher payroll taxes or high rates of group and/or individual savings). Current pension plan provisions, which permit retirement before age 65 without significant reductions in pension payments, are, in general, an example of a choice made in favor of more leisure in retirement as opposed to more earnings or earlier leisure.

Alternatively, some have advocated permitting and perhaps encouraging later retirement by one or more of the following:

- (1) Liberalizing the "retirement test" associated with Social Security.
- (2) Exempting workers over age 65 from OASDI payroll taxes.
- (3) Permanently increasing pension benefits for later retirees.
- (4) Liberalizing mandatory retirement age rules.
- (5) Creating more public service jobs for the aged.
- (6) Continuing development and greater use of "functional criteria" systems that can impartially measure an employee's ability to adequately function in various job assignments.
- (7) Making the work experience and work environment more enjoyable to the worker.

The above suggestions, and many others, could be evaluated and developed; then the best alternatives could be embodied in current and/or new public and private retirement programs. But first a decision must be made as to whether, always allowing for the special circumstances of certain individuals and special groups, the nation as a whole wishes to encourage a lowering of the normal age of retirement.

Advantages suggested on behalf of lowering the retirement age are as follows:

- (1) After thirty or thirty-five years of work, a worker has earned the right to retire, regardless of age, with adequate pension income.
- (2) Earlier retirement would extend the number of "free years" available to persons before mobility and leisure activities are seriously constrained by illness and the general physical effects of old age.
- (3) Earlier retirement provides better opportunities for younger workers to be promoted, raising morale and perhaps the efficiency of firms.

Disadvantages of reducing the retirement age have been cited as follows:

- (1) Earlier retirement means less leisure and/or less take-home pay in the working years. Put another way, the working population must provide greater support to the nonworking older population.

(2) By and large, many older people today are healthier and more active than their grandparents and better able to keep on working. Furthermore, there is clinical evidence that physical and emotional problems can be precipitated or exacerbated by denial of employment opportunities.

(3) By minimizing the length of the retirement period, we could reduce the financial, social, and psychological problems often associated with this period.

## *Issue 2.*

**Is there a need for new national policies, together with private organization programs, to help workers who are forced to leave the work force before the normal retirement age due to health and/or employment problems?**

Since age 65 has become the normal age of retirement and current retirement income systems are geared primarily to this age, what about the worker who desires but is unable to work up to that age because of health or employment problems? The data presented in Section III. Knowledge Available indicate that there are significant numbers of workers faced with one or more of the following problems:

(1) Health problems, ranging from total and complete disability to specific impairments that interfere with particular job functions.

(2) Job discrimination, giving preference to younger workers for job openings and training.

(3) Plant close-downs, which force older workers with experience and special skills to compete for alternative opportunities.

(4) Skill obsolescence, causing loss of jobs in declining industrial sectors and/or long term unemployment due to the lack of demand for obsolete skills.

(5) Recessional periods, when marginal workers are unable to find suitable employment.

There are now a number of programs that seek to help workers faced with these problems. These include (1) Disability Insurance, Workmen's Compensation, and the Vocational Rehabilitation Program; (2) the Age Discrimination in Employment Act, which became effective June 1968; (3) the Manpower Development and Training Act of 1962 and subsequent amendments; (4) Unemployment Insurance and the Employment Service; and (5) special projects such as "Operation Mainstream," "Green Thumb," and "Foster Grandparents."

Evidence points to the possible insufficiency of these programs, however.

(1) When older workers are displaced from their jobs because of automation, plant shutdowns, and other reasons, they frequently lack the education or training to move into the expanding industries. Furthermore, only a small percentage of the Nation's manpower training and retraining efforts have focused upon people 45 and older, although they comprise a disproportionately large percentage of the long-term unemployed. For example, only about 11 percent of all training under the Manpower Development and Training Act has been directed at persons 45 and older. In addition, the training allowance under the MDTA is also quite low, roughly equivalent to the allowance for unemployment insurance (U.S. Special Committee on Aging, 1970, p. 116).

(2) At the end of 1969, only one court proceeding had been instituted under the act. [Age Discrimination Act] . . . Enforcement of the act is the responsibility of the Wage and Hour and Public Contracts Divisions in the Department of Labor. . . . These divisions employ slightly fewer than 1,000 investigators in the field. When asked how much of their time was devoted to age discrimination activities, he [Deputy Administrator Robertson] replied, "Not over 10 percent of their time" (U.S. Special Committee on Aging, 1970).



(3) Almost one-fifth of those who became entitled for Social Security retirement benefits at age 62 gave as their main reason for stopping work either that the job was discontinued, that they were laid off or fired, or that they quit because dissatisfied. Those who were laid off or whose jobs were abolished overwhelmingly said they did not want to retire and would have worked longer at the job if permitted to do so (Merriam, 1970).

(4) It appears. . . that the early retirement provisions of the OASDHI program often function as an intermediate disability program, providing benefits for older disabled workers who are unable to meet the eligibility requirements for disability insurance, are awaiting to have a disability determination completed, or choose not to apply for disability benefits. As such, the effect of the present program provisions is to liberalize the eligibility requirements for disabled people age 62-64 in exchange for a reduction in the cash benefits paid (Bixby, 1970).

There clearly exists a transitional phase or period for most workers, eventually culminating in complete retirement from gainful employment. The circumstances faced by workers vary tremendously, however; some workers have few or no problems and some have very serious difficulties. The question that arises is whether present policies and programs are adequate to deal with these differences? Various proposals have been made for improving the unemployment, disability, and retraining programs. Before programmatic changes can be made, however, decisions are needed on certain policy questions.

First, there is the question of whether the burden and solution to problems generated during the transitional period prior to retirement are to be primarily the responsibility of the individual. If so, actuarially reduced private and public pensions are examples of program development that gives the individual flexibility in deciding when the pension should start but does not add to program costs. That is, persons forced into early retirement by certain problems can collect a reduced pension, but if they want to maintain their income at a higher level, they must do so through supplemental income sources.

Second, if it is decided to develop a national policy to assist workers with the special problems arising during later maturity, should the policy be to maintain the income level for the affected family at or close to their prior living standard, with specified minimums and maximums, or should the policy simply guarantee that the family would not fall below a designated "poverty level"?

Third, what should be the basic mechanisms for any public programs in this area? Should we rely upon an insurance-type program, a welfare program, or what?

### *Issue 3.*

**Should society assume greater responsibility for helping people prepare for their retirement through some form of preretirement education?**

In recent years there has been general recognition of the importance of helping the retiring employee, and his spouse, in adjusting economically, socially, and psychologically to a new way of life. Although sophisticated techniques have been developed for motivating employees in the work environment, there has been almost no effort to develop equally sophisticated techniques for preparing individuals for their life in retirement. Unfortunately the nature of retirement in our society often demands such a major readjustment of the life style that such education cannot be effectively begun after retirement. To be effective, the process of preretirement education probably should commence several years prior to retirement and should lead to effective long-range planning for life after retirement.

The benefits of such planning to the individual and to our society and its consequent effect on satisfactory retirement adjustment have begun to be documented by research. For example, a recently completed research study conducted by the University of Oregon (Greene and Pyron, 1969) reported that of more than 650 retirees who retired from industrial firms,



employees who had been in attendance at company-sponsored preretirement education programs made significantly better adjustment to retirement than did those employees who had not attended such programs.

Despite the findings of this and other research studies to the effect that preretirement education does aid in retirement adjustment, relatively little action by employers, employees, and/or the general public has been stimulated. As was discussed in Section III. Knowledge Available of this paper, studies show that only about half the firms sampled attempt to provide any form of preretirement education or advice to retiring employees. Of these, only a small percentage provide more than a brief rundown of the pension benefits to which the employee is entitled. Moreover, the evidence indicates that when programs are presented to retiring employees, the personnel presenting the programs often are untrained in the specifics of aging and retirement. More often than not, company counselors are personnel men who are assigned the preretirement education function as part of other, and usually more demanding, duties.

The basic problem, therefore, is determining (1) how the availability of preretirement education to workers who wish to participate voluntarily can be increased, (2) how the quality of preretirement education can be improved, and (3) how to encourage workers and employees to begin preparing for retirement at a relatively early age. It has been suggested, for example, that retirement preparation should be part of a more general program of education for "continued living for life." Alternatively, specific programs or incentives could be devised solely to promote the quality of preretirement education.

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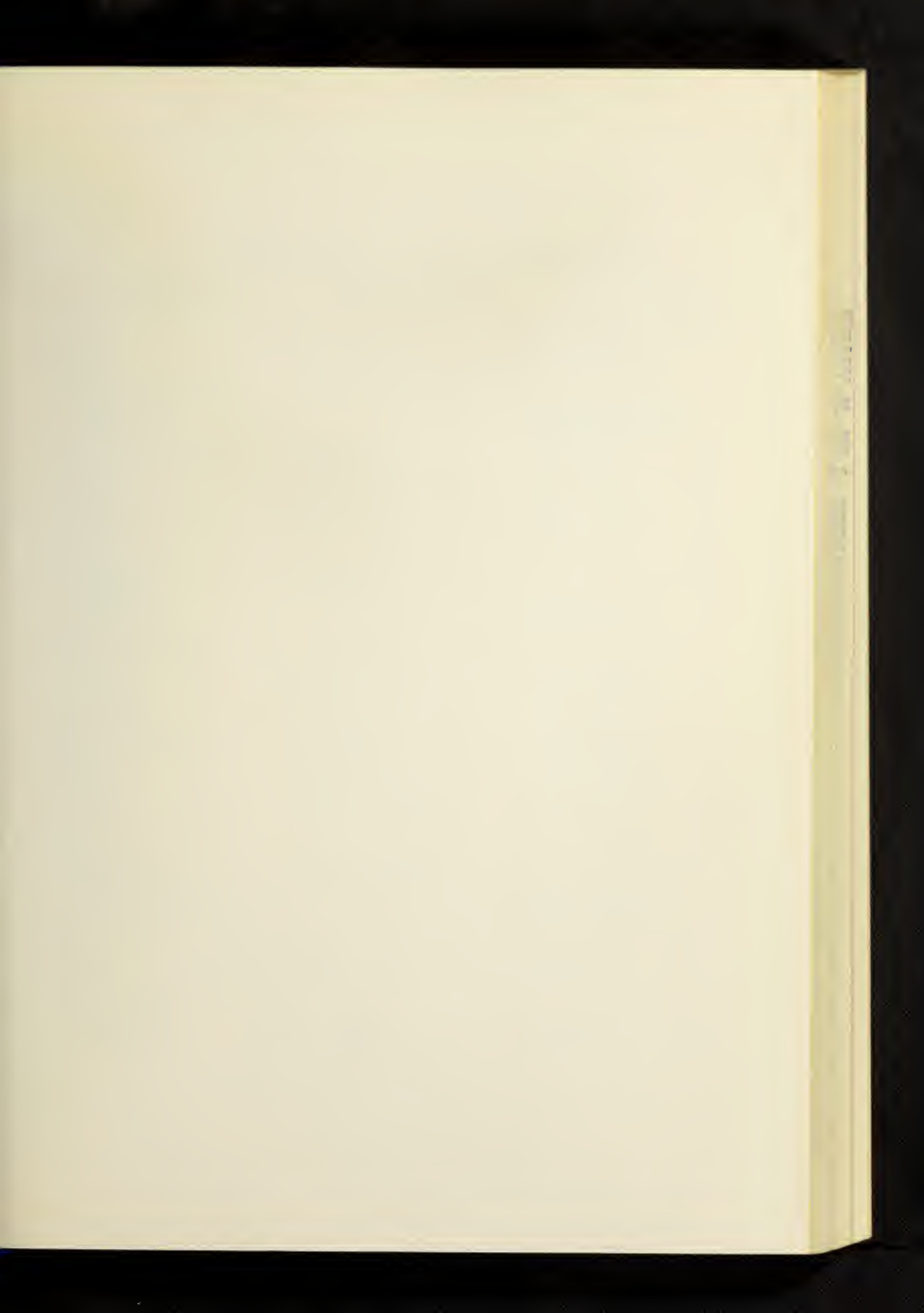
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# RETIREMENT ROLES AND ACTIVITIES

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Gordon F. Streib, Ph. D.

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1971 WHITE HOUSE CONFERENCE ON AGING

# RETIREMENT ROLES AND ACTIVITIES

## BACKGROUND

Gordon F. Streib, Ph. D.

## ISSUES

THE TECHNICAL COMMITTEE ON RETIREMENT  
ROLES AND ACTIVITIES with the Collaboration  
of the Author

Walter C. McKain, Chairman

II

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## FOREWORD

This paper on Retirement Roles and Activities provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration and by delegates to the National White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

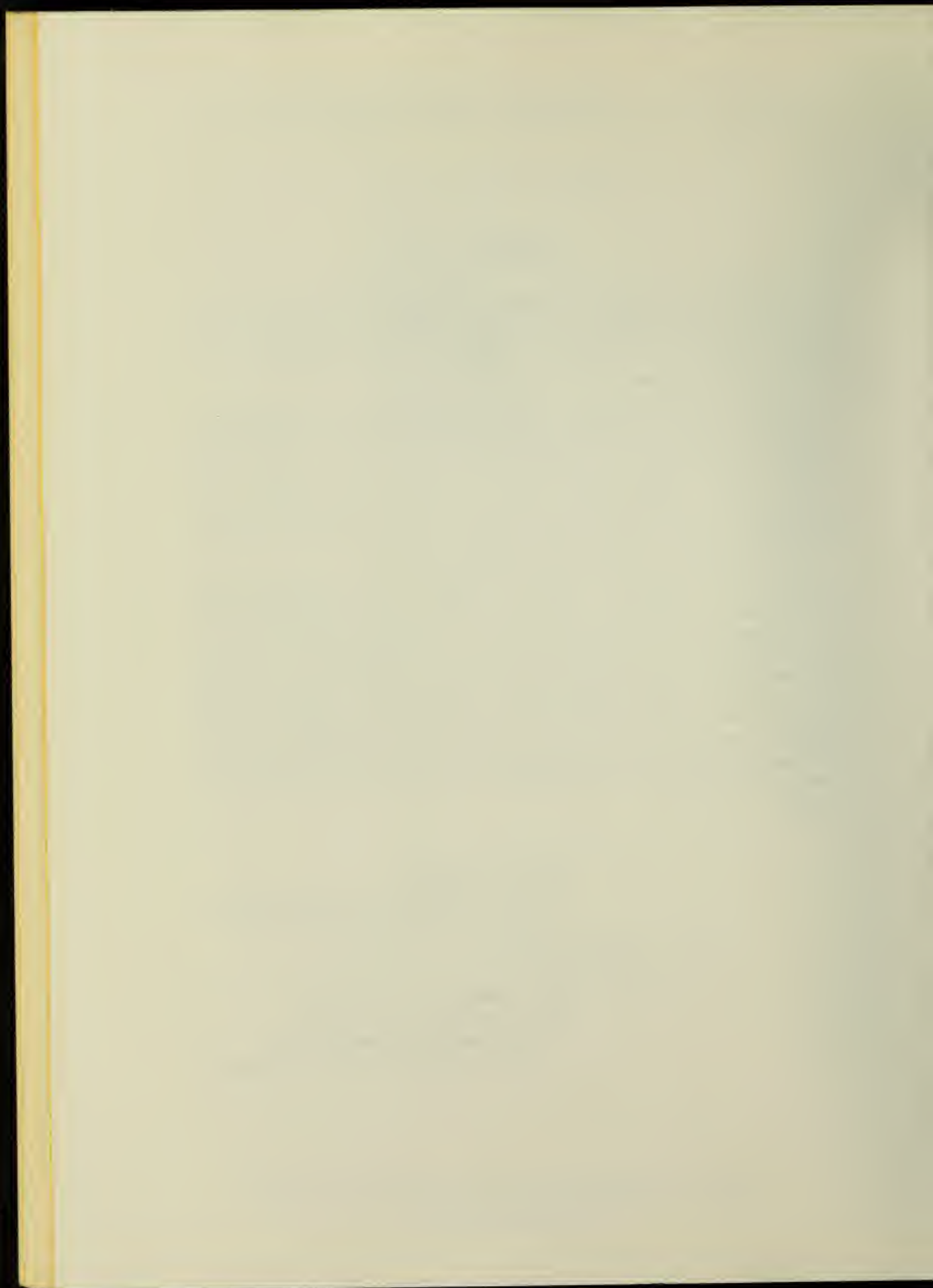
The first four sections of the paper discuss the nature of the need for meaningful roles and activities in retirement, identify goals proposed by previous conferences and groups, present information on the knowledge available with respect to the retirement activities of older people, and identify gaps in meeting such needs. These sections of the paper were prepared for the Conference by Gordon F. Streib, Ph.D., Professor of Sociology, Cornell University, Ithaca, New York, with guidance from the Technical Committee on Retirement Roles and Activities.

The fifth section of the paper identifies several major issues relevant to improving the retirement activities of older people. The issues were formulated by the Technical Committee on Retirement Roles and Activities for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the activity and role needs of the older population. The proposals and recommendations developed in Community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the National Conference in their effort to formulate a National Policy for Aging.

Arthur S. Flemming  
Chairman, National Advisory Committee  
for the 1971 White House Conference on  
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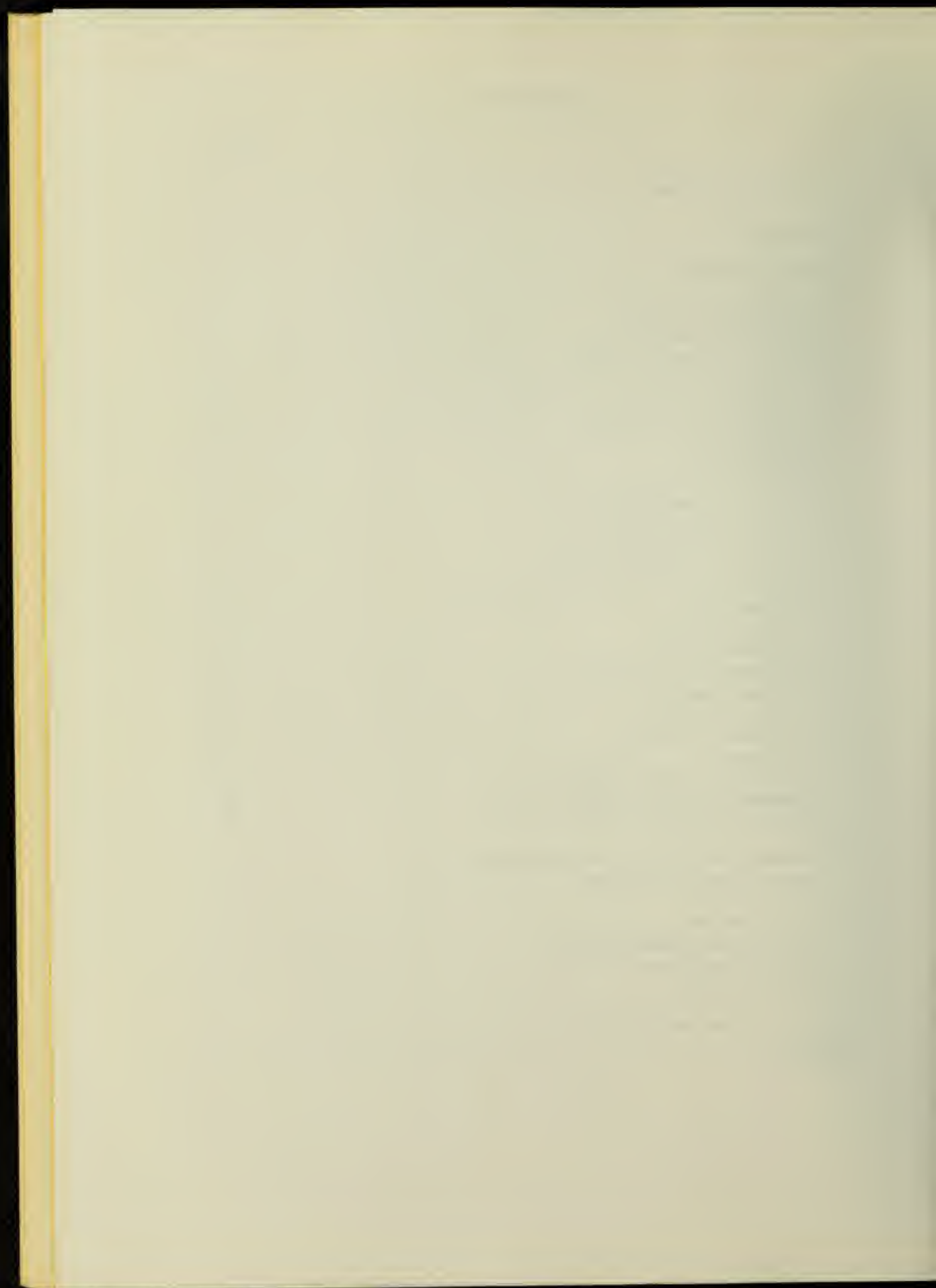
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## I. INTRODUCTION—THE NEED

"Retirement in health, honor, dignity—after years of contribution to the economy." This statement, taken from the declaration of objectives of the Older Americans Act of 1965, provides a general goal with which Americans of all ages can agree. But how can this commendable ideal be translated into specific expectations and actions that will enrich the lives of individuals or into policies and programs that will directly affect people? Clarification of this broad objective can occur only through a closer examination of the many roles available to older citizens once they have left the work roles and child-rearing roles that perhaps absorbed the greatest part of their attention in the early and middle years. These two role losses, combined with declining physical health and reduced economic resources, constitute the broad framework of the disengagement process that is regarded with apprehension and anxiety by many people as they approach their later years.

Society must be aware of this role loss and the necessity for role realignment and for new role opportunities. Goals based only on power and acquisitiveness, which were compelling in an earlier phase of life, are no longer appropriate. New ways must be found to use time and to enhance satisfaction and self-realization. This paper is directed to the need for a flexibility of life style—one that changes to take advantage of the increasingly abundant time that the individual has in later years and that permits him to engage in new roles, which he may not have been able to pursue in earlier years. Older citizens can fulfill many different roles to maintain a sense of personal growth, to enrich their social contacts, and to retain mental alertness.

There are four main reasons for the necessity for roles realignment in later life. First, for many there has been a loss of work role, which may have been the major focus of attention and activity throughout the person's life. The loss of gainful employment affects not only the man but also his wife, who must adapt to a lower economic situation and a changed domestic situation.

The second is closely related to the loss of work role—namely, the loss of income. The ability to engage in certain subsidiary roles that demand an expenditure of money may thereby be curtailed.

Third, retirement in many cases is the result of declining health. However, many persons are automatically retired while they are in good health. In either case, most older people find that as they age, their physical condition declines, and they may need to drop certain roles or realign or re-examine their roles.

Fourth, changes in the family cycle, many of which started in late middle age, are also a major source of need for role realignment. As children grow up and leave home, there is a shift in role behavior and expectation for both the father and mother. By the time retirement has occurred, help and assistance patterns may change, with aid flowing from the child to the parents rather than from parent to child. Death of a spouse or severe illness of a spouse also necessitates adjustment in the other partner's role.

The need for role realignment varies considerably in different segments of American life, for there are urban-rural differences, ethnic differences, poverty-affluence differences, and widely varying life styles. These factors, combined with the vast complexity of American social structure, cause confusion in the minds of gerontologists and others as to the optimum role for the aged. There is a tendency to lump all older Americans into one monolithic category and to search for one clearly defined, ideal role. This simplistic approach is factually incorrect, and unless this notion is altered, only confusion and misunderstanding will result, with many older people feeling that they are not "measuring up" to what is expected of them. Instead, we must

recognize the importance of different values, different capacities, different personalities, and different life styles. There is not one ideal role for older persons but literally dozens of roles.

The problem of role needs in retirement is further complicated by a philosophical issue that determines how retirement is viewed. On the one hand there are many groups and individuals who are committed to the position that retirement is the period of life in which a person "can take it easy." The pressures and demands of work are relaxed, and retirement should be a period of leisure earned by one's lifetime work activity. On the other hand there are those who subscribe to the position that a person should work as long as he can. If he is retired from one occupation, he should seek other full-time work. This point of view takes the position that gainful employment is one of the most important roles a person ever enacts, and thus that he should maintain the work role as long as possible; his skills are valued only if he is paid for them. Between these two extremes there are people who advocate gradual realignment of roles through part-time employment so that the older person is slowly phased out of the work role. They also suggest the need for new kinds of paid employment in the retirement period.

## II. LONG-RANGE GOALS

Certain long-range goals pertaining to roles in later life have been set forth at various times by the work of aging conferences, State commissions, Congressional recommendations, and Presidential reports. For example, the First National Conference on Aging in 1951, sponsored by the Federal Security Agency, listed six major goals (*Man and His Years*, 1951). Those that are most pertinent to this report are:

- (1) Obtaining income and achieving economic security through socially useful and personally satisfying means. This help requires solution of economic problems associated with employment, vocational readjustment, and income to replace or supplement wages or salaries.
- (2) Spending leisure time constructively. To this end, emphasis must be placed on assuring the development of personal resources within the aged themselves, recreation centers and opportunities within the community, and more adequate knowledge of the interests and capacities of older persons on the part of those who work with them.
- (3) Achieving and maintaining positive and well-integrated social relations within the family and community. This result will require reorientation of the attitudes of the young toward the aged and of the aged toward themselves and toward the social group.

These statements of two decades ago are still as pertinent today as when they were written. In the decade following, these long-range goals provided the focus for many new programs and agencies to deal with America's older population. In 1961 the White House Conference on Aging restated these goals (*The Nation and Its Older People*, 1961). One of the new emphases of the conference was an awareness of the problems of the person in late middle age—that cohort of the population that in due time become retirees. There was a realization that older citizens should begin to anticipate their retirement and to give some attention to the new roles that they would enact. One of the declarations of policy for the 1961 White House Conference specified the goal of "assisting middle-aged and older persons to make the preparation, develop skills and interests, and find social contacts which will make the gift of added years of life a period of reward and satisfaction and avoid unnecessary social costs of premature deterioration and disability."

In the ensuing years the goals were further refined. Robert J. Havighurst, reporting for the Gerontological Society, stated: "The individual's goal in an automated society is the achievement of a flexible life style—one that changes to meet new demands and to take advantage of new opportunities. The goal, for a society responsible to its citizens, is to help the individual maintain a sense of personal growth by establishing and maintaining economic and social arrangements to provide possibilities for growth" (Havighurst, 1969).

The increasing realization that older citizens need help in realizing their full potential in their new roles is expressed in a statement of President Nixon's 1970 Task Force on Aging:

Even if the income, health, and shelter problems of older persons were resolved, or at least ameliorated, the Task Force believes that significant barriers would still exist to the involvement of the elderly in the life of the community. Additional measures are needed. . . . A common thread which runs through all of the recommendations



contained in this chapter is that their successful implementation depends on the extent to which either business or voluntary organizations, or both, take part. The Task Force expects the Federal Government to take the lead in encouraging the growth of such a partnership (*Toward a Brighter Future For the Elderly*, 1970).

There is a special need to consider the roles of old people who are caught in a deteriorating neighborhood in the large cities of the United States and do not have the income or the physical or emotional resources to change their residence. Many of them are frightened to leave their homes even to go shopping, to say nothing of seeking friends, recreation, and meaningful activities. A recent study by the Community Service Society points up the plight of these elderly citizens (*Senior Advisory Service For Public Housing Tenants*, 1969). There is a desperate need for temporary home-making services and especially for social and recreational facilities. The study, a sample of around 600 older persons in the Bronx, New York, found that 44 percent said they had no close friends. In such a situation, city, State, or Federal agencies must provide assistance to help these people adapt to their new roles and to help them enrich their lives.

### III. KNOWLEDGE AVAILABLE

#### A. CONCEPTS AND DEFINITIONS

The concept of role, as employed here, is focused on descriptive life roles such as parent, spouse, worker, retiree, widow, sick person, etc. Involved in these roles and many others that older persons enact are three basic conceptual distinctions: the normative, the behavioral, the interactional.

(1) A role is always associated with a position in a social structure, organization, or group. These positions are normatively defined, and these norms establish expectations for behavior appropriate to the role.

(2) The behavioral or performance aspect is what a person does in enacting a certain role or set of roles.

(3) Almost all roles are interactional, that is, they involve some kind of social exchange with other persons who are in complementary or conflicting roles with the person carrying out his role—i.e., parent, child, spouse, worker, supervisor.

#### B. ROLES OF THE AGED

There has been much talk in recent years about the role of the aged in American society. The lumping together of all persons of a chronological age—60 and over or 70 and over—is a meaningless categorization. Certainly for administrative purposes chronological age is an arbitrary but useful way of categorizing persons. For example, one votes at 21 years of age and can collect Social Security at 65. But once we move beyond the broad administrative demands and take account of the factual social realities of older persons, we must be more precise and specific as to role definitions and expectations. The specification by sex, by ethnic group, by race, by health condition, by socio-economic status, or by educational level is more significant in its social and social-psychological importance than crude age categorizations. Moreover, specification by particular membership and reference groups—relatives, neighborhood, religion, labor union—enlarges our knowledge of older people and begins to focus attention on the more crucial aspect of social life.

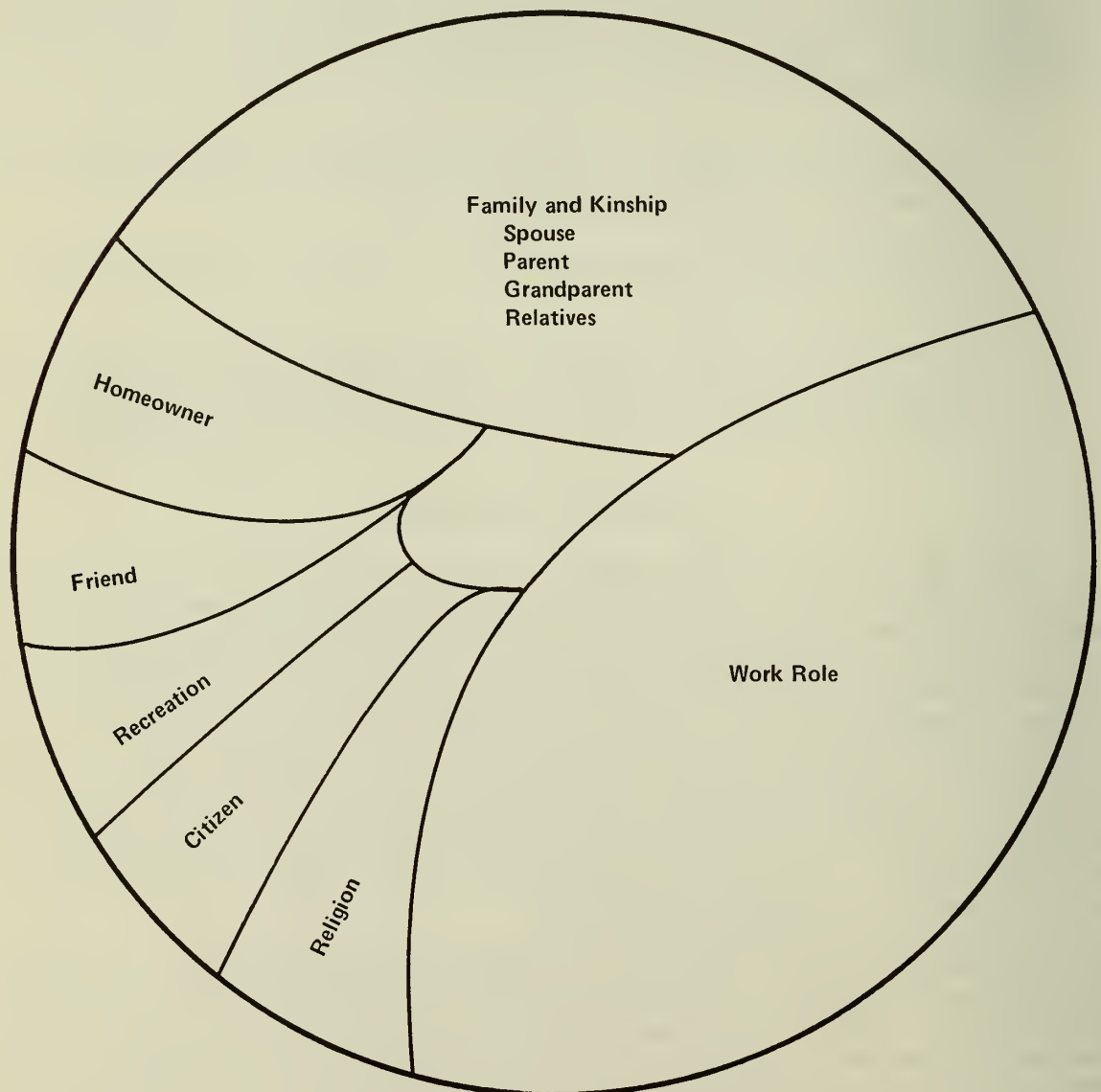
The problem of analyzing roles at any stage of the life cycle is complicated by the fact that the person has a number of intersecting and overlapping roles, which he must carry out, sometimes simultaneously and sometimes sequentially, according to expectations held by himself and others. The older person has a distinctive role set, which includes a complement of roles and role relationships such as worker, husband, father, grandfather, neighbor, church member. The increased specification of role concepts also includes (1) status sequence—a dynamic or processional aspect—which refers to the series of positions a person occupies over a period of time and (2) role sequence, which refers to role performance in successive time periods.

In Chart 1 we have sketched the role set of a hypothetical man before retirement. He does not have one role, but a variety of roles—family, homeowner, friend, citizen, church member, and, of course, worker. The latter role has been diagrammed to occupy a larger area of "role space," because in the preretirement phase the worker role is such an important

component of a man's role set. If a similar chart were sketched for a woman, the role of homemaker might occupy the largest area in the role set. On the other hand a woman who works outside the home would have a worker role and, in addition, a homemaker role.

CHART I

PRERETIREMENT ROLE SET

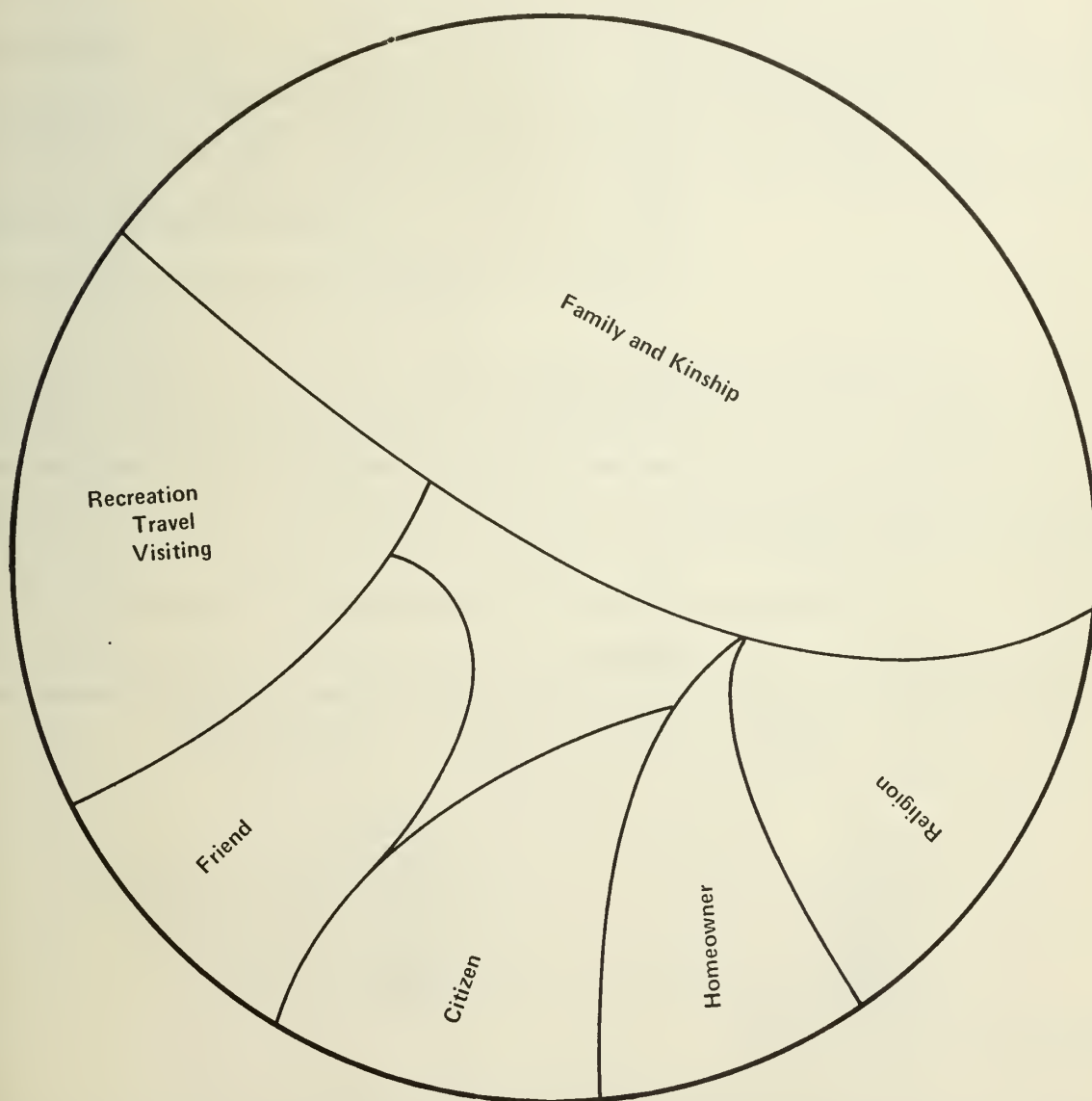


In Chart 2 we have presented the role set of a hypothetical retired man. Here the worker role has disappeared from the role set, but the other roles have expanded to fill up the role space formerly occupied by the worker role. Activities related to what we might call the leisure role have expanded and so has the family role. Similarly there has been expansion of role activities in other spheres. There is an opportunity, if one wishes, to expand the role in the citizenship-service area, for the person may not have had the time or strength to pursue such



activities while he was working. These are hypothetical role enlargements and will vary considerably because many older persons have great role flexibility. The point to be emphasized is that in retirement, persons do not have to endure a "roleless role" as so many persons have claimed. Old age can be a period of role realignment in which the person, in keeping with his interests, his tastes, his resources, sets new goals. He does not need to remain chained to the goals of former periods of his life, such as making money, wielding power, collecting consumer goods, etc.

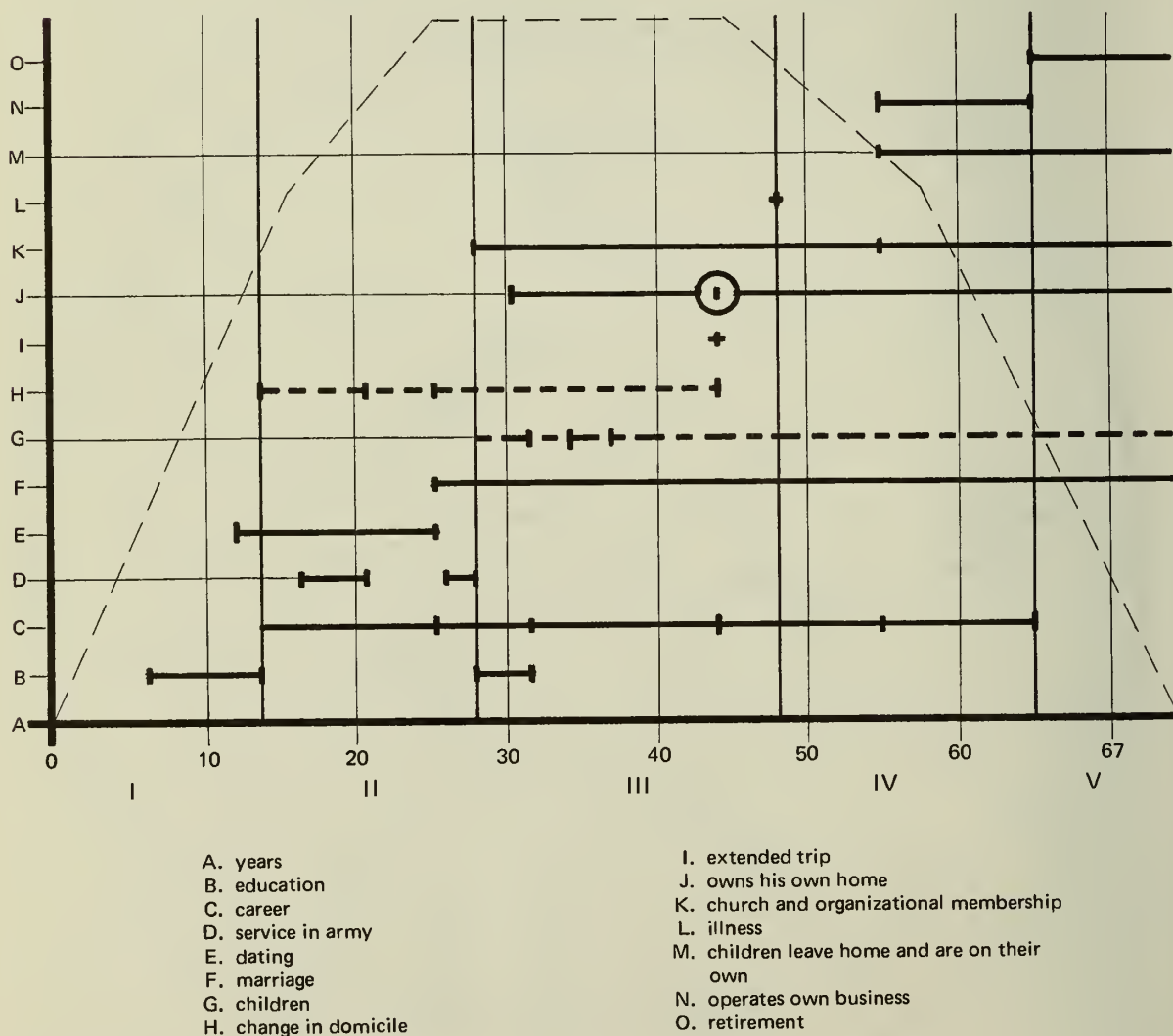
CHART II  
RETIREMENT ROLE SET



The older person has a distinctive role set that is shaped by broad norms and expectations linked to age. Our knowledge is limited in this area. One of the few studies of this

problem was carried out at the University of Chicago. These investigators stated the issue in these words: "There exists what might be called a prescriptive time-table for the ordering of major life events: a time in the life span when men and women are expected to marry, a time to raise children, a time to retire. This normative pattern is adhered to, more or less consistently, by most persons in the society" (Neugarten, Moore, and Lowe, 1965).

CHART III  
SCHEMATIC REPRESENTATION OF ONE MAN'S COURSE OF LIFE



SOURCE: Buhler, 1961, Fig. 12-1, p. 356.

The preceding discussion has focused on a person's role set at one point in time. It is important that we understand the processual nature of social roles and the fact that certain roles are of long duration (such as the role of spouse) while other roles are brief (such as the role of student). In Chart 3 a personal role chart is presented to show graphically the many

roles that might occupy one man's life. Obviously each person would have somewhat different time schedules for his personal role chart, and some roles pictured might not be included. However the chart does show clearly how roles undergo change throughout life—how some are of short duration and some last longer.

In the last two decades a considerable amount of research has been published on the role behavior of older persons. In order to give some coherence, we will divide the activity areas into three broad categories: (1) family and relative; (2) economic, which includes both worker and homemaker, and (3) expressive, which includes recreational activities, citizenship, church, etc. Under each of these we will present some of the information that has resulted from the large body of research data available.

### C. FAMILY AND KINSHIP ROLES

There is a tendency in the popular literature to paint a bleak and pathetic picture of all older people as being rejected, lonely, and isolated—forgotten by their children and relatives. This picture is inaccurate and misleading, judging from the increasing amount of research evidence available. There are, of course, cases where a person has never married or has never had children or has outlived his kin. There are also cases in which parent-child relations have been strained for a lifetime, and it is perhaps unrealistic to expect a reconciliation when the parent is aged and needs help.

#### 1. Definition of the Family in Old Age

A major distinction that must be emphasized is that between (1) the modified extended family or kin network to which a person belongs and (2) the residential family or the family in which one lives. Table 1 presents data summarizing the distribution of one, two, three, and four generation families to which older persons belong in three industrialized societies: the United States, Great Britain, and Denmark. The overall pattern shows a similar distribution for the three countries, for about three out of four older persons belong to kin networks of three or four generations. The United States has a larger proportion of four-generation kin networks than the other two countries.

Table 1.—Kinship Networks of Older Persons

Number of Generations in Family	Percentage of Older Persons		
	Denmark	Britain	United States
One .....	18	24	18
Two .....	7	9	6
Three .....	56	51	44
Four .....	19	17	32
Total number of families	2,435	2,485	2,436

Source: Shanas, *et al.*, 1968.

When we examine the residence patterns in the three societies of households that one finds among persons 65-years-old and older, we note that five household types encompass the most frequent living arrangements. Table 2 shows that the two most frequent kinds of households among older people are the married couple and the widowed person living alone.



Table 2.—Household Types of Persons 65 Years and Over in Three Industrialized Societies

Household Type	Percentage of Persons 65 Years and Over
Living alone, never married . . . . .	4 to 8
Married couple. . . . .	35 to 45
Married couple and married or unmarried children .	7 to 14
Widowed, or divorced or separated, parent and married or unmarried children . . . . .	9 to 20
Widowed, sometimes divorced or separated living alone . . . . .	22 to 28

Source: Shanas, *et al.*, 1968.

These two kinds account for about two-thirds of all families having persons over 65 years of age. Thus in specifying the family in old age, there is a substantial proportion of "single-person families." Many of these older "families," while maintaining separate residences from their children or relatives, keep in close contact through frequent visiting or telephoning.

These two major family structures—the extended family and the residential family—as described above, are essentially static views—a snapshot at one point in time. What is more interesting, more important, and much more difficult to study is the dynamics of the family and its effects on the kinship network. When we examine families in the latter part of life, the distribution of the kin structure and living arrangements are changing. This dynamic quality is striking even when one looks at cross-sectional data for a broad age spectrum over a thirty year span, as shown in Chart 4 and Chart 5. For example, the most common patterns of living arrangements in the period beyond age 65 changes tremendously from what it was about 20 years earlier. Census data for the United States show that almost 80 percent of males 45-54 years of age and slightly more than 70 percent of the females in the 45-54 age category live with a spouse in their own household. There is a steady decline in this kind of living arrangement with an abrupt drop at about age 65. There is a differential, increasing over time, between men and women so that at age 75 and over, more than 40 percent of all men are still living with a spouse in their own household in contrast to less than 15 percent of the women.

These demographic facts are the underlying base for understanding the familial roles of older people and the role changes and role realignments that are an integral part of the family cycle.

## 2. The Marital Dyad

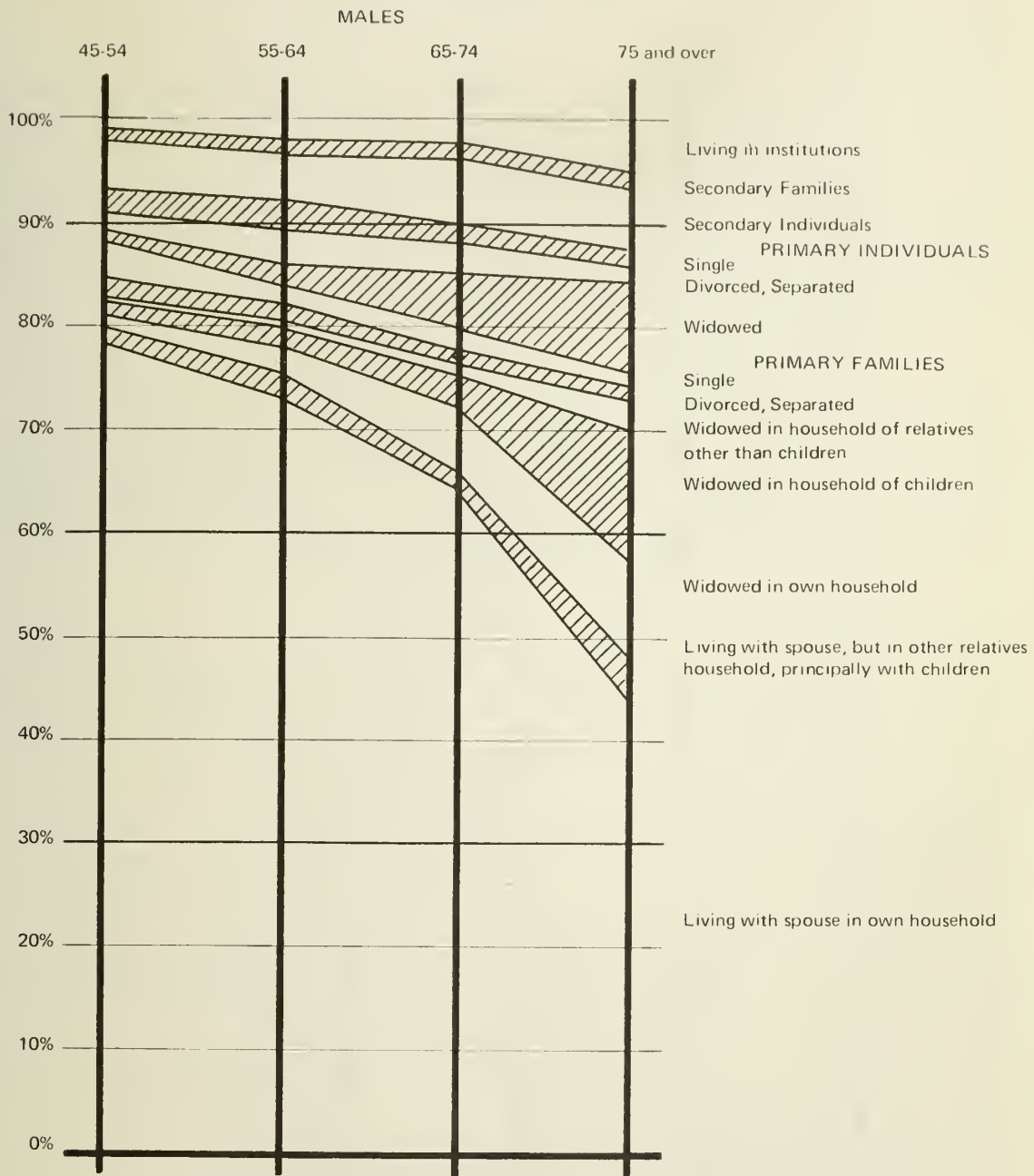
The basic family unit in old age is the marital dyad, for among person 65 and older, 53 percent are married couples (Riley *et al.*, 1968). A broad picture of all persons over age 65 in the U.S. shows that 71 percent live in families with relatives, and 22 percent of older married couples live with their children (Riley *et al.*, 1968). Intimacy at a distance continues to be preferred by both old and young as the optimum living arrangement for older persons, as married older couples prefer to live separately from their children.

## 3. Differentiation of Sex Roles

One of the fundamental observations concerning family roles is the clear-cut differentiation according to sex. Both men and women have certain tasks and activities (Zelditch, 1968). Although there may be some variation within the nuclear family system of the United States and other highly industrialized societies, the pattern is for the man to

Chart IV

Family Living Arrangements of the Population According to Sex Within Designated Age Ranges (males).

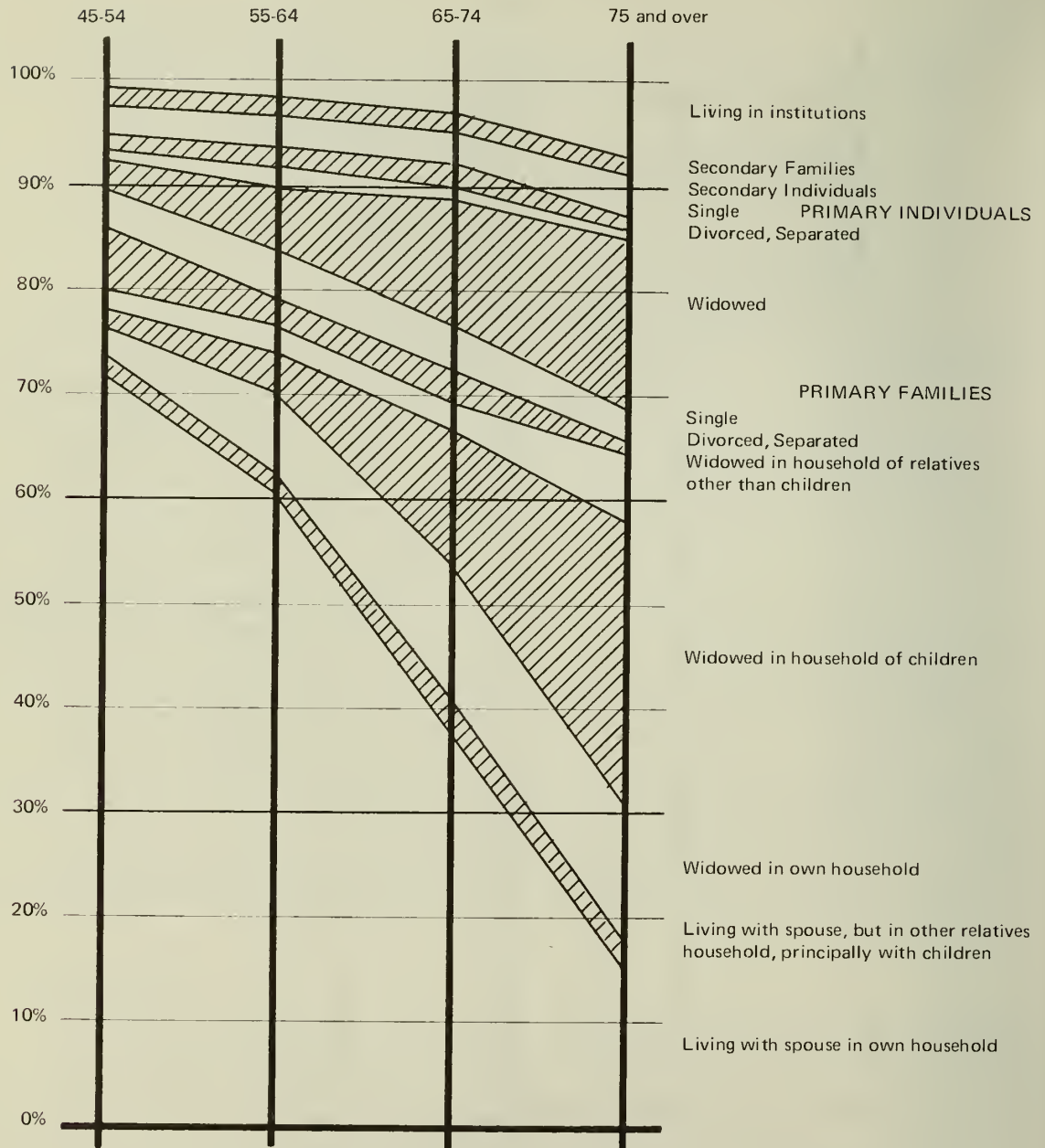


SOURCE: Adapted from Bureau of Census tabulations. *U.S. Bureau of the Census, U.S. Census of Population 1950. Vol. IV. Special Reports, Chap. D, Marital Status, Table 1.* pp. 2D-20, 21, 22.

From: Thompson and Streib, 1961, Fig. 7-1a. p. 186.

Chart V

Family Living Arrangements of the Population According to Sex Within Designated Age Ranges (females).



From: Thompson and Streib, 1961, Fig. 7-1b p. 187



"provide" for his family and for the mother to be primarily engaged in expressive roles: housewife, mother, teacher. There is a broad range of role activities for older women, and millions of married women work even when they have small children at home. The primary role of the male in the family is his occupational role as the breadwinner. He is expected to be responsible and support his family. The American family probably has a more flexible system of role allocation within the family than do other societies, and this flexibility is more characteristic of the middle income strata than the lower strata. American fathers over the years have assumed a number of tasks that traditionally have been considered to be maternal. Fathers may help with the dishes, perform certain "heavy" household chores such as window washing, supervise the children, help with the shopping. This growing shift in role activities is probably a salutary pattern, leading to easier role adaptation in the latter part of life.

Perhaps the major change in roles that the male must face is that of stopping work and retiring. The act and process of retiring can have major consequences for husband-wife roles. Kerckhoff has found, for example, that men who take more part in familial activities upon retirement tend to be better adjusted than those who do not (Kerckhoff, 1966).

#### 4. Widowhood

Another major role change that affects husband-wife relations is the death of a spouse. The role of widow is much more likely to occur than the role of widower, and so from the standpoint of family roles, wives are more likely to have to cope with bereavement and role realignment resulting from death than are husbands. The statistical picture is clearly shown in Chart 4 and Chart 5, where we note that as persons age, a much larger percentage of women than of men are widows living alone or widows living with children.

#### 5. Remarriage

Another aspect of changing family roles is the trend toward more retirement marriages. Most of these second marriages result from widowhood and not from divorce. But whatever the cause, marriage in later life poses problems of role change and role realignment.

McKain carried out a study of 100 retirement marriages and reported a series of factors or conditions that tend to be associated with retirement marriages that are more successful. He found that persons who know each other well, who have the approval of children and friends, who have been able to cope with disengagement, and who have a stable income, particularly home owners, are more likely to have successful retirement marriages. As in marriage at younger ages, McKain found that personality factors are important in predicting success in retirement marriages. Satisfaction, stability, and adaptability are crucial. McKain wrote: "If the older person is experiencing difficulty in arranging his life to meet the reduction in his social roles, the added adjustment created when he remarries may prove too much for him. Failing health, the loss of a job, or a withdrawal from active participation in the social life complicates the process. On the other hand, if he is well adjusted to the retirement years he usually can take a retirement marriage in stride" (McKain, 1969).

McKain reported that the attitude of adult children may be a serious deterrent to retirement marriages. Rigidity of expectations concerning family roles is not found only among older persons. Some children were shocked when they learned that parents were planning to marry. In some cases the core of the problem was related to the inheritance of property. In others remarriage was considered an insult to the memory of the deceased parent. Indeed, "a negative attitude on the part of the children probably has prevented a large number of retirement marriages which otherwise would have taken place" (McKain, 1969).

## 6. Parent-Child Relationships

### 6.1. Intergenerational Contacts.

Contrary to some of the stereotypes about the rejected old person, there is considerable contact between older parents and their adult children. Even though the residential family may consist of only one person, the modified extended family remains an important part of the older person's life (Sussman, 1965).

In the study of three industrialized societies (Shanas *et al.*, 1968), it was reported that most older parents (over three-fifths) had seen at least one child the same day of the interview or the previous day, and another fifth had seen a child within the previous week. The percentage of older persons who had not seen a married child in the previous year was very small (3 percent). The existence of an extended kin network in which parents and children are in regular and frequent contact with one another is a fundamental part of intergenerational relations in industrialized societies. The assertion by some theorists that the isolated nuclear family is the modal pattern is not supported by a variety of studies of the contemporary situation.

### 6.2. Reciprocal Help Patterns.

Adult children and their parents maintain a viable kin network involving mutual patterns of assistance. Small services are rendered reciprocally by each generation. More than half of the older persons in the United States sample reported that they helped their children (Shanas *et al.*, 1968).

The reciprocity of help—shopping, housework, babysitting, home repairs, etc.—as a form of kin assistance is an important characteristic of family role relations. Moreover the aged are independent of regular monetary aid from their children (Streib, 1958). In a nationwide study in the United States only 4 percent report receiving regular financial aid.

### 6.3. The "Empty Nest."

The postparental period is not a traumatic and negative experience for most families, in spite of the gloomy reports of the "empty nest" syndrome. Deutscher, in a survey in an urban middle class neighborhood in Kansas City, found that 22 out of 49 older couples evaluated the postparental period as better than preceding phases of life, 15 said it was as good as preceding phases, 7 said changes were not clear, 2 said it was as bad as preceding phases, and only 3 said it was worse. Those who said it was better mentioned a sense of freedom—freedom from financial responsibilities, freedom to travel, freedom from housework and other chores, and finally freedom to be one's self for the first time since the children came along (Deutscher, 1964).

## 7. New Child-Parent Relations

With increasing longevity and earlier retirement plans, there are a growing number of instances in which an older person must face the problem of taking care of an octogenarian parent, just when he himself is ready to enjoy his own retirement. In these instances, somewhat small in number but sometimes pathetic in their import, the retiree role involves assuming the parental role, vis-a-vis an older parent or other older relative. Perhaps some type of day care or overnight facilities should be developed so the retired person may enjoy some of his retirement, free from this new kind of parental role.



## D. ECONOMIC ROLES AND ACTIVITIES AFTER RETIREMENT

### 1. Worker Role

Contrary to commonly held notions, the retiree role is not a compulsorily imposed role for many persons.<sup>1</sup> Palmore has shown that about two-thirds of the male retirees in a U.S. national sample made their own decision about retirement (Palmore, 1964). Over half of these men made the decision because of health considerations. Less than one in five persons are retired compulsorily because of age. Other studies have shown that over time, more and more people are retiring by choice. Inasmuch as so many people have voluntarily made the decision to retire, an important question is whether retirees wish to return to the worker role, and if so, what kinds of activities do they engage in?

For some persons, such as self-employed professionals, retirement is not a sharp break from their work role, for some gradually taper off their work load. Others shift to part-time work. But here again the importance of good physical health is underscored, for a nationwide study indicates that 70 percent of a sample of OASDI respondents are not well enough to work full-time (Palmore, 1964). Among the 30 percent who are well enough to work, only about 2 percent expect to engage in full-time work. Thus, when we talk about retirement careers, we are speaking about only a very small percentage of retired persons.

Nevertheless, there is a small and energetic group of people who successfully start new business careers after retirement—such enterprises as antique shops, card or book shops, tearooms, farming enterprises, beauty salons, etc. Some do it for economic reasons, some because they find retirement is dull and disappointing, and some to fulfill a lifelong dream.

There is a somewhat larger percentage of people who engage in part-time work on an occasional or a regular basis. Some retirees go into craft work—knitting, making art objects, woodworking, and the like—and sell on consignment at senior citizen shops or gift shops. Others are employed at seasonal saleswork, as at Christmas, act as traffic guards at school crossings, serve as homemakers for families with temporary needs, act as "pet sitters," etc. The types of employment are endless and limited only by the ingenuity of the retirees. For example, one group of senior citizens in Summit, New Jersey, have created a wide variety of part-time jobs. One activity is a Visiting Homemaker-Health Aide Service, which involves 78 persons who in one year worked almost 77,000 hours. Demand for the service has always exceeded the supply of aides ("It Happened in New Jersey," 1968).

### 2. Early Retirement

It has been stated that the United States is a work-oriented society and that most people are unhappy if they do not have a work role. Yet the fact that many older persons find it easy to give up their work role is pointed up by the growing numbers of persons who choose an early retirement date—at age 60 or 55—when there is not too great a financial sacrifice involved. The research on the United Automobile Workers (Orbach, 1965) and the later nationwide survey carried out by Barfield and Morgan at the Survey Research Center of the University of Michigan (Barfield and Morgan, 1969) show that when older workers are given the opportunity and an adequate pension, they are likely to decide to retire earlier than the "normal" retirement age. While some may use this as an opportunity to try out a second career, many simply retrench in their financial demands and seem to prefer to "take it easy."

### 3. Homemaker Role

In discussing the economic roles in retirement, we must include the homemaker role for women, for it has definite economic aspects in addition to its familial aspects. In later

<sup>1</sup> For a more extensive discussion of when and why workers retire see the Background Paper on "Retirement," 1971 White House Conference on Aging.



maturity, the husband may become more involved in the economic aspects of the homemaker role because of the tighter economic situation that inevitably accompanies retirement. The reduced income may cause husband and wife to spend more time in careful shopping and to perform household repairs that they formerly hired someone to do. Clothing may be remodeled or repaired instead of being discarded. Other retirees may rent out rooms or remodel their home to add a rental apartment when they no longer need all of the space. Some move to mobile homes for more economical housing and to have fewer housekeeping chores and lawn work.

The necessity to economize often provides a great deal of activity for older people. For some, devising ways to save money and cut corners almost takes on recreational overtones. They can expend time and ingenuity to make up for lack of money and still achieve a very satisfying experience.

## E. EXPRESSIVE ROLES AND ACTIVITIES

The expressive role is one of the most important roles in retirement. It includes social and recreational activities, hobbies, creative expression, cultural and religious activities.

### 1. Daily Activities

In general, older people have more free time for leisure pursuits than people in the middle years. It has been estimated that over 80 percent of persons 65 and older have 5 or more hours per day during the week for leisure, and 5-6.5 hours on weekends and holidays (Riley *et al.*, 1968). A study of Social Security beneficiaries showed that more of the waking hours of a composite day are assigned to leisure activities than to maintenance activities--housework, preparation of meals, personal care, etc. (See Table 3.).

Much of the leisure time of older people is taken up by television; older persons generally spend more time watching television than any other single activity. Generally speaking, a majority of older persons have a favorable opinion of television (Riley *et al.*, 1968).

When we examine the activities in which persons of various age categories engage in a particular day, there is striking similarity in the broad pattern of activities. Table 4 presents information on the leisure activities of a sample of 5,000 persons 15 and older. Major differences are in the percentage of young persons who engage in certain activities (listening to records, participating in sports, and spending time at a drugstore, soda fountain, or bar) compared to older persons. There are some decrements as people age, but there are several activities that manifest similarities for most age categories: watching television, reading, visiting. Working around the yard and garden increases consistently over the life cycle, and pleasure driving slowly declines. There are several activities that seem to have a very low level of involvement beginning in the twenties and continuing throughout the life cycle: playing musical instruments; going to plays, concerts, operas; and going to lectures and adult education classes. The low level of engagement in these educational and cultural activities throughout the life cycle suggests that leisure roles and activities, like other roles, become patterned or habituated and persist for long periods of time.

The importance of television as a leisure pursuit for the older population indicates the need for further specification of the activity by marital status, by living arrangement, by age, by income, and by home ownership. There are some small differentials; for example, a slightly larger percentage of persons who live alone watch television as compared to those who live with others. A larger proportion of persons who live only with their spouses tend to watch television than persons who also live with other persons. However, age, income level, and home ownership do not have very much effect upon the proportion of persons who view television on a particular day (Riley *et al.*, 1968). The importance of television in the life of the older person suggests the need for a closer examination of whether television producers are aware of this specialized audience and its interests and needs. It has been found, for example, that there

is an increase in preference as persons age for "serious" content in what they hear, read, or listen to in the mass media.

Table 3.—Daily Activities of People 65 and Over

Activity	Approximate hours per day (excluding Sunday)
Total hours available in a day . . . . .	24.0
Sleep . . . . .	9.0
Obligated time . . . . .	6.7
Meals (preparing, eating, and cleaning up) . . . . .	3.0
Housekeeping . . . . .	1.6
Personal care . . . . .	1.2
Shopping . . . . .	0.7
Care of others . . . . .	0.2
High-participation leisure time . . . . .	6.5
Television; radio . . . . .	2.8
Visiting . . . . .	1.6
Napping . . . . .	1.4
Reading . . . . .	0.7
Low-participation leisure time . . . . .	1.9
Gardening . . . . .	0.5
Handicrafts . . . . .	0.4
Entertaining . . . . .	0.3
Club and church activities . . . . .	0.2
Writing . . . . .	0.2
Meditation; worship . . . . .	0.1
Walking; sports . . . . .	0.1
Rides; outings . . . . .	0.1

Note: This summarization, though suggestive, omits time spent in employment. Not only is the sample restricted to OASDI beneficiaries, but the overview also fails to take into account time spent by those 27% of the sample still in the labor force.

Source: Riley *et al.*, 1968.

## 2. Continuing Education<sup>2</sup>

Many persons interested in programs for senior citizens have stressed continuing education and advocated that colleges and universities make tuition-free courses available for older persons. Many institutions have done this, but the enrollment statistics are not impressive. Very few older persons are interested in taking college level courses. Although this problem has not been fully studied, the reasons for the low level of participation probably are (1) long absence from formal learning situations, (2) unwillingness to compete with younger scholars and disapproval of the "life style" of college students today, and (3) problems of transportation and convenience.

Some types of courses offered by Senior Citizen Centers have been well received, however. The Hodson Day Center in New York City, for example, offers courses in dramatics, languages, poetry and prose writing, public speaking, current events, music appreciation, and many other subjects (O'Neill, 1962). Perhaps some centers succeed in their education programs because they combine social factors with the educational experience and because the courses are shorter and less demanding. Courses concerned with arts and crafts are especially popular.

<sup>2</sup>See also the Background Paper on "Education", 1971 White House Conference on Aging.

Table 4.—Leisure Activities, by age

Activity	Percent engaging in activity on previous day						
	All respond- ents	Age 15-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Watching television . . . . .	57	56	57	56	61	56	53
Visiting with friends or relatives either at their house or yours . . . . .	38	46	41	40	36	33	37
Working around the yard and in the garden .	33	20	24	33	39	38	42
Reading magazines . . . . .	27	31	29	25	25	23	27
Reading books . . . . .	18	21	19	17	15	15	21
Going pleasure driving . . . . .	17	25	21	18	14	11	11
Listening to records . . . . .	14	35	16	14	10	6	6
Going to meetings or other activities of clubs and organizations . . . . .	11	11	9	10	11	11	12
Special hobbies such as woodworking, photography, and knitting . . . . .	10	11	9	10	10	12	11
Going out to dinner . . . . .	8	7	10	8	8	8	6
Participating in sports . . . . .	8	26	8	8	7	3	2
Playing cards, checkers, other indoor games.	7	12	7	6	7	5	6
Spending time at drugstore, soda fountain, or bar . . . . .	6	20	7	5	5	3	1
Singing or playing musical instruments . . .	5	10	5	5	5	3	3
Going to see sports events . . . . .	4	7	4	4	4	4	2
Going to movies in a regular theater (not a drive-in). . . . .	3	9	4	3	3	2	1
Going to drive-in movies . . . . .	2	6	4	2	2	1	0
Going to dances . . . . .	2	8	4	1	1	1	0
Going to a play, concert, or opera . . . . .	1	1	2	1	1	0	1
Going to lectures or adult school . . . . .	1	1	1	0	2	1	1
None of these . . . . .	7	3	7	8	7	8	9
Not reported . . . . .	0	0	0	0	0	0	1
Total respondents = 100% . . . . .	(5,021)	(392)	(806)	(1,094)	(942)	(731)	(1,022)

Source: Riley *et al.*, 1968.

### 3. Leisure Communities

Retirement communities have received considerable publicity in recent years as places where older people can concentrate on leisure roles. These specialized homogeneous communities serve a very small percentage of America's older citizens. However they are significant beyond the actual number of people involved, for they serve as a prototype of the leisure style for the later years of life. These retirement communities provide rich fare in sports and outdoor activities—golf, horseback riding, swimming, shuffle board—and in addition have many opportunities for arts and crafts, Bingo, dances, cards, etc. For those in good health who have enough money or who choose to sell their homes to re-invest in a retirement community, retirement communities provide a ready-made circle of friends and activities and a favorable setting in which to pursue leisure roles and perhaps to begin new ones.

### 4. Travel

As we have said previously, older people have more opportunity to take part in leisure roles than people of middle age, but there is great individual difference in how older people spend their time. Some travel considerably; older persons are more likely than the young to obtain passports for travel (deGrazia, 1964). According to the 1967 Census of Transportation, seven million persons who were 65 and over had taken a trip the preceding year, and 56



percent of these took two or more trips. (A trip was defined as going from their residence to a place at least 100 miles away or being away from home one night or more.)

## 5. Political and Citizenship Roles

In a complex industrialized society, citizenship and political roles tend to be differentiated from other role activities. Political involvement and interest tends to maintain itself almost until the very end of life, and there continues to be a slight differential between men and women in their political interest and participation. According to population reports, in 1964 a larger proportion of persons aged 65 to 74 voted in the national election than did persons 25 to 34 (Riley *et al.*, 1968).

Voluntary citizenship activities in American society have involved many women as well as men. Generally speaking, leadership in voluntary organizations of a civic and service nature tends to involve more persons of higher educational and economic status than persons of lower strata (Taietz and Larson, 1956). As people age, there seems to be a tendency for them to reduce their participation in voluntary organizations and in civic and service enterprises (Weber, 1954). This appears to be an area of great opportunity for role expansion on the part of older persons.

## F. ACTIVITY THEORY AND DISENGAGEMENT THEORY<sup>3</sup>

In concluding this section on present knowledge of the roles and activities of the aged, it is pertinent to discuss how these findings bear on two theories of optimum aging—the activity theory and the disengagement theory.

The basic premise of activity theory is that "The older person who ages optimally is the person who stays active and who manages to resist the shrinkage of his social world. He maintains the activities of middle age as long as possible and then finds substitutes for those activities he is forced to relinquish" (Havighurst, Neugarten, Tobin, 1968).

Disengagement theory as originally formulated by Cumming and Henry states:

In our theory, aging is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social systems he belongs to. The process may be initiated by the individual or by others in the situation. The aging person may withdraw more markedly from some classes of people while remaining relatively close to others. His withdrawal may be accompanied from the outset by an increased preoccupation with himself; certain institutions in society may make this withdrawal easy for him. When the aging process is complete, the equilibrium which existed in middle life between the individual and his society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship (Cumming and Henry, 1961).

Damianopoulos restated disengagement theory in propositional form. One of his propositions stated: "Because the abandonment of life's central roles—work for men, marriage and family for women—results in a dramatically reduced social life space, it will result in crisis and loss of morale unless different roles, appropriate to the disengaged state, are available" (Damianopoulos, 1961). There are several issues in this proposition that require qualification and re-examination. While it is true that work and family are central roles for men and women respectively, the assertion that retirement, in the case of men, results in a sharp decline in social life space is not tenable for persons in many occupations. The disengagement theorist and the activity theorist incorrectly assume that work for many people is an interesting and stimulating social experience, but this may not be the case for many persons. They may

<sup>3</sup>There has been a continuing discussion of a variety of theoretical issues concerning activity theory and disengagement theory. For example, see Cumming, 1963; Maddox, 1964; Rose, 1964; Streib, 1968. A large number of empirical studies have resulted from discussion of the issues. The primary source for these articles is The Journal of Gerontology.

tolerate the social side of work with their associates, but the social aspects of work may be unimportant in the long run. One has little if any choice in the selection of work mates, and one's fellow employees are usually selected for reasons other than social compatibility. Damianopoulos referred to a "crisis" after retirement. The findings of the Cornell Study of Occupational Retirement show that most people do not undergo any crisis or loss of morale following retirement (Streib and Schneider, 1971).

A broad view of the facts concerning the roles and activities of older citizens seems to suggest that neither theory is adequate. While disengagement ultimately comes to all, people vary greatly in the degree to which they retrench. In contrast, while it is generally agreed that activity has a salubrious effect on health and morale at any stage of life, it is hardly advisable to urge older people to keep up a frenetic whirlwind of activity for its own sake—whether the activity is meaningful or not. Certainly the activity theory misses some of the richness of later years, for it seems to adopt the goals of the middle years—power, accomplishment, acquisitiveness, aggressiveness—instead of seeking new criteria for fulfillment.

Instead, we would propose that "differential disengagement" is a more reasonable model—that people should and do disengage according to their own life experience, personality, health and energy status. There is no ideal role to which everyone should aspire.

### G. RETIREMENT LIFE STYLES

As people age, in general they enact fewer social roles, and consequently there is a reduction in the number and variety of their contacts with other persons and with their environment in general. This was the finding of a study in Kansas City of 200 healthy men and women from 50 to 80 years of age (Riley *et al.*, 1968). Similar findings have been reported in later analysis of additional information on these same respondents (Havighurst *et al.*, 1968). In broad terms, role activity is associated with satisfaction with life, a feeling of meaningfulness, a positive self-image, and optimistic attitudes.

Beyond this broad generalization, there are wide differences in the mode of adjustment according to one's style of life and personality. Both passive and active behavior can lead to satisfaction in retirement and old age. Williams and Wirths found that in the Kansas City sample, there were persons who were isolated and yet had adjusted satisfactorily to aging. In describing one person with minimum involvement, they stated: "He was in fair balance with his social system but at a very low level of involvement. Disengagement was no problem for him. . . . It is possible to be somewhat anomic, alienated, and isolated and yet cope very well, if one's style is one of Minimal Involvement" (Williams and Wirths, 1965).

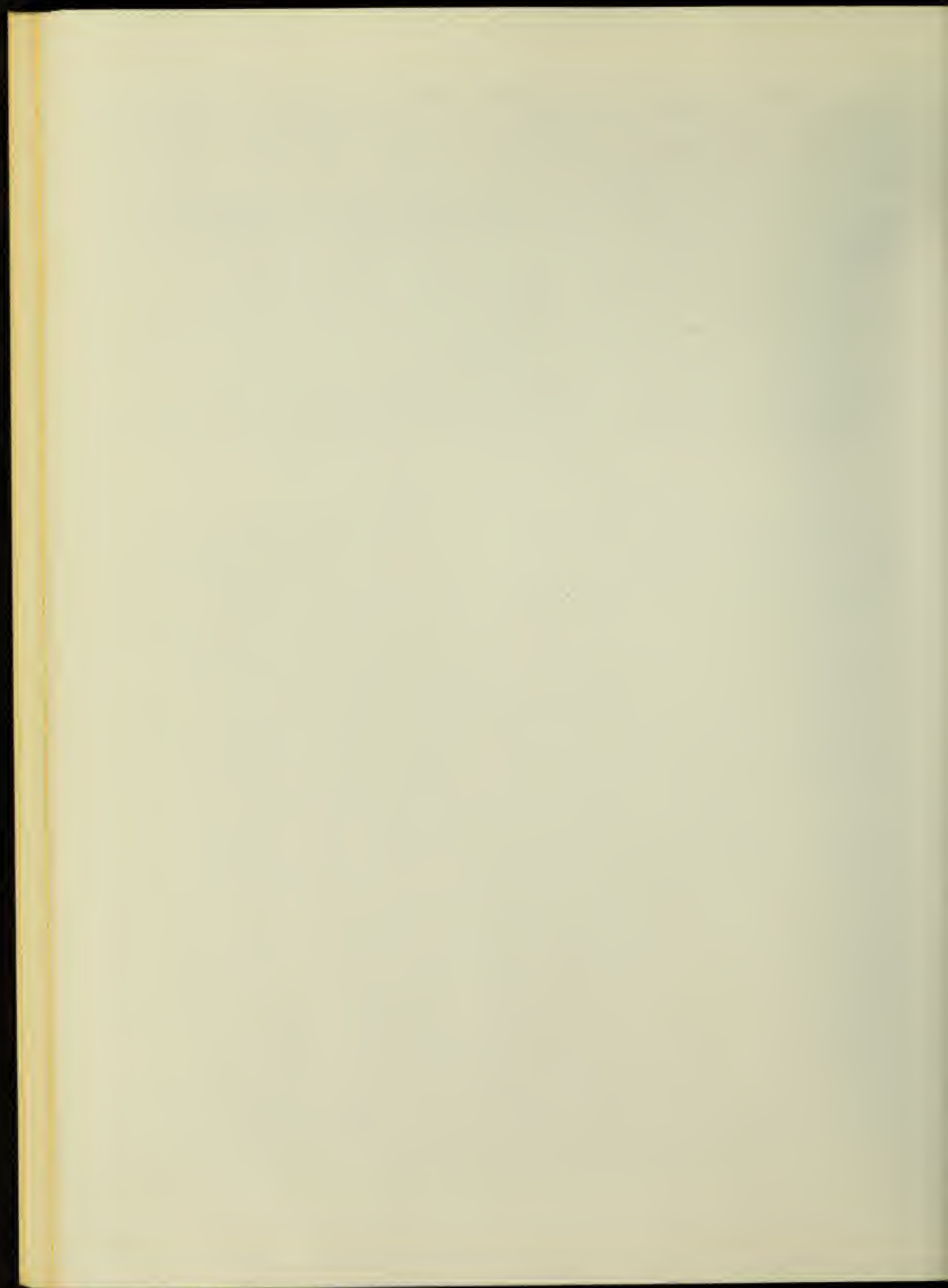
In this connection it is pertinent to report the research of Reichard on how different personality types react to the aging process. Reichard and her colleagues (1962) delineated five types of retired men—the "mature," the "rocking chair," the "armored," the "angry," and the "self-haters"—and described the adjustment of each. The "mature" person is described as a "well-integrated person with some self-awareness, neither impulsive nor over-controlled. Freedom from neurotic inhibitions permitted him to enjoy life. His capacity for enjoyment was reflected in the warmth of his personal relationships. He readily assumed family responsibilities and was an affectionate husband and father, who also enjoyed seeing friends and valued retirement for the chance to spend more time with them." She adds that such personality types took growing old for granted and were not shaken in their basic self-esteem.

The "rocking chair" men also adjusted easily to retirement. They were described as a passive-dependent group who were unambitious, found little satisfaction in work, and were glad to take it easy when retirement came. Reichard said: "Why did these men adjust well to aging? Because they welcomed the chance provided by old age and retirement to take it easy. Society grants, in old age, permission to indulge needs for passivity and dependence that it does not grant young people. Thus they were free to be more truly themselves."

In contrast, the "armored type" had good adjustment to aging through a smoothly functioning system of defenses. They tended to have stable work histories and to participate actively in organizations. "The armed counteracted their fear of growing old by remaining active. Afraid of physical and mental deterioration associated with aging, they were happy and adjusted as long as they could keep busy. . . ."

An understanding of the variety of personality types reflected in role behavior is essential for those who work with the aged, for they must realize that the method of successful adaptation and role realignment of one person is not necessarily to be recommended for another.





## IV. THE PRESENT SITUATION—PUBLIC AND PRIVATE PROGRAMS INVOLVING ROLE REALIGNMENT

The preceding discussion has presented research information about the various roles of the aged and has indicated some of the problems involved. In this section we will discuss some of the organized efforts by public and private groups to solve some of the pressing role needs faced by many older citizens.

### A. PROJECT SERVE

One of the most imaginative programs offering opportunities for new roles and realignment of roles is Project SERVE (Serve and Enrich Retirement By Volunteer Experience), which was initiated on Staten Island by the Community Service Society of New York. Started in 1967, it has now expanded to other parts of New York State. This program was developed for the non-traditional volunteer and attempts to recruit older persons of lower socio-economic status. Three-fourths of the men and one-half of the women have never done any volunteer work before. Two-thirds of the volunteers never graduated from high school, and the average age is 71 years. In the first two and a half years, over 500 people were recruited, placed, and trained, and over 75 percent of these persons were still active in the program in August 1969 (Sainer and Zander, 1969).

The primary emphasis of Project SERVE has been on the needs and interests of the individual older person rather than on the needs of the agencies. As Sainer and Zander said in reporting on the program at the Eighth International Gerontological Congress (1969):

We often tend to forget that older persons not only possess the general characteristics of the elderly, but, also, they are different kinds of persons each of whom has become old. So although it is undoubtedly true that there are some personal characteristics which can be attributed only to aging, any person, at any age, is the product of his life experience to date. And it is this total life experience which must be taken into account in planning a viable volunteer program for the elderly. For to ignore the individual characteristics of older persons is to ignore the life styles, social roles, attitudes and customs to which they have been acclimated for half a century or more.

In dealing with programmatic considerations, Project SERVE took into consideration the variety of older persons and realignment of roles. Flexibility and ingenuity are used in placing people, and the individual volunteer has a variety of choices. Among the organizations that have been served are: the Willowbrook State School for Mentally Retarded; The Grasslands Mental Hospital; Mount Loretto—St. Elizabeth's, a residence for disturbed girls from broken homes; the Sea View Hospital and Home; the Multiple Sclerosis Telephone Program; and the Book Restoration Project. Office volunteers have served in the American Cancer Society, the March of Dimes, the National Multiple Sclerosis Society, the Staten Island Community Chest and Council, and many others.

One of the most valuable features of the SERVE project is the systematic attention that has been given to the problem of adult socialization—the learning of new roles. The directors of this project have developed explicit guidelines and procedures for recruiting, training, and follow-up for volunteers in new roles. These suggestions are particularly important because project SERVE is dealing with lower income persons who have never

engaged in volunteer work before. Among the practices they have found to be successful are the following:

- (1) The approach to prospective volunteers must be clear and direct. It is most effective on a group basis. The presence of peers reassures participants and provides group norms and group support for the new role.
- (2) The volunteer work must be concrete and visibly useful. The work should be in a structured setting and should be at specifically assigned tasks. This is consistent with the kinds of work many of the volunteers engaged in during their work careers.
- (3) There should be an opportunity for the exercise of free choice in selecting the kind of work each individual desires.
- (4) The actual volunteer service is done on a group basis. The volunteers thus become more involved and have an opportunity to discuss their work with each other. They should have a chance to voice both compliments and complaints.
- (5) Reward and recognition are very important. Therefore newspaper stories about their work and other forms of positive reinforcement are necessary. Project SERVE has a newsletter that goes to all participants.
- (6) The work must be arranged at a convenient time and free transportation provided. In Project SERVE, public school buses are used during their free hours. Volunteers receive a free lunch on the day they serve, so they have no expenses in connection with the work.
- (7) There should be no complicated training—volunteers should be able to start right out with their task. It has been found desirable to follow up any absences, so that the volunteers know they are important and are missed when they are not present.

Thus, project SERVE has given attention to social psychological and sociological principles in recruiting, training, and evaluation. Its procedures could well serve as a model for other projects involving the learning of new roles.

## **B. THE FOSTER GRANDPARENTS PROGRAM**

Another specific project that offers new paid roles for older people is the Foster Grandparents Program. It was initiated under the Administration on Aging and carried out with funds provided by the Office of Economic Opportunity. Marvin Taves, a sociologist, brought together in an imaginative way two sociological observations: first, that older people, particularly retired persons, have a vague and diffuse role in an industrialized society like the United States and second, that it is important for the young child to have sustained affectionate contacts with an adult. This idea was formulated by Taves and his sociologist colleagues Donald Kent and Clark Tibbitts and resulted in a program that employs low income people 60 years of age and over. The people were originally paid a minimum of \$1.25 an hour (the pay has now been increased) to work four hours a day, five days a week, in close association with children under 5 years of age who live in orphanages and similar institutions. The participants spend about two hours a day with each child.

The program gives the older person a definite social role in the community, for he is paid for doing an important, humane public service. Furthermore, the child receives the kind of love, warmth, and attention that is essential to his growth and development. There have been many more applicants for the program than could be accommodated. The project has



now been transferred to the Department of Health, Education, and Welfare. As of October 1968, there were 68 projects functioning in 170 institutions in 40 states. During that year, 20,000 children were served (Nash, 1968).

In summary, the Foster Grandparent Program has had a positive effect upon the psycho-social adjustment of the older persons who have taken part (Rybeck *et al.*, 1968). Furthermore, the effect upon the needy children has been to offer a vital remedial relationship, on a one-to-one basis, with a warm and concerned adult (Thompson, 1969). The Foster Grandparent Program has made a major contribution to the social service agencies and to the community in general (Nash, 1968).

### C. SENIOR CITIZEN CENTERS

The opportunity for older persons to develop new roles and to realign old roles and role demands has been fostered by the development of multi-purpose Senior Citizen Centers (Cutter *et al.*, 1961; O'Neil, 1962; Tryon, 1961). It is less than 30 years since the first of these centers was established in New York City. At the start of the senior center "movement" there tended to be an emphasis on providing opportunities and facilities for recreational roles. However the centers have broadened their scope considerably so that new role opportunities now include educational and cultural pursuits. Some centers have begun to enlarge their efforts so that they offer opportunities for older persons who are housebound and isolated and thus are not able to take advantage of the program offered at the centers. The senior centers are important because of the new role opportunities that they provide and also because they provide a meeting place to discuss a variety of community ideas and issues, particularly those involving older Americans. Further, they may serve as recruiting sites at which older persons can be contacted and trained to engage in new roles in the area of community service.

In 1966 there were 340 centers listed in the directory published by the Administration on Aging and the National Council on Aging. The most recent directory published in January 1970 by the Administration on Aging lists more than 1,200 senior centers. The typical center had programs involving three or four recreational activities and one or two community services or counseling programs. Less than half of the centers provided all three activities: recreation, counseling, and community service. Moreover, only about one-third of the centers had full-time directors. Senior citizens centers have become such an important part of the current scene that U.S. Commissioner on Aging John B. Martin has written: "In time, the senior center may come to hold a place in the older person's life equivalent to the central role now played by the school in the lives of children" (Administration on Aging, 1970).

### D. OTHER PROGRAMS

Another new development—which will probably continue to expand—is the growth of various forms of retirement housing for older persons (Walkley *et al.*, 1966). The emergence of specialized retirement living arrangements is related to other social trends that affect other phases of the gerontological situation in contemporary United States. These trends include: reduction in family size; loss of spouse, other kin, and friends; physical changes in neighborhoods, some of which is the result of forced relocation. Two other factors are of critical importance: (1) lowered physical strength, increased illness, and infirmity and (2) lowered income.

A variety of physical facilities are found in these retirement projects: retirement villages, retirement hotels, mobile-home parks, special care facilities for persons who are bed-ridden and those who are ambulatory, and high rise apartment complexes. The great variety of these housing arrangements is of interest here because of the opportunities for new roles and role realignment. The most widely available programs involve various kinds of recreational activities. Some of these activities require considerable expenditure of money for swimming pools and golf courses. Other are very modest and may only require a room or

rooms for recreational purposes. In general these retirement communities have not offered opportunities for role realignment, which involves supportive services such as counseling. Another major gap is the lack of continuing education opportunities. The high density of older persons, many of whom have similar backgrounds and values, suggests an unrealized opportunity for the development of new forms of role realignment.<sup>4</sup>

Another program that offers possibilities for role realignment and new roles is SCORE—Service Corps of Retired Executives—which was founded in October 1964. Now 184 chapters are operating, involving over 3,300 volunteers. As of 1967, they have served over 37,000 small-businessmen. The idea for this project originated with Maurice du Pont Lee, a retired businessman from Delaware, who was aware that a large number of small-business enterprises failed. He found that most of the failures were due to a lack of knowledge and experience and not a lack of financial backing. The SCORE program uses the knowledge, skills, and talents of businessmen who have had experience as retailers, office managers, accountants, bankers, sales managers, production managers, etc.

Another similar project is the International Executives Service Corps, which focuses on service in other countries. Most of the volunteers in this program are retired persons. They have engaged in 400 projects in a large number of other countries, especially developing nations, and have a program similar to that of SCORE. For example, the retired manager of a glass company has traveled around the world, advising developing nations on glass manufacture. There are over 2,000 volunteers on the Corps' list in New York City alone.

VISTA also uses senior citizens, who serve by living and working in poverty areas. Another example of the use of older citizens is in Dade County, Florida, where persons over 55 have served as teacher aides in industrial arts and other classes. Still another project, financed by the Older Americans Act, enlists older persons to serve as library aides in a 14 county area in Vermont. The aides not only perform a much needed community service but also supplement their meager incomes.

Still other opportunities for role realignment are Operation Green Thumb and Green Light, under a grant from the U.S. Department of Labor. These two programs offer limited employment to persons who are aged 55 and over, live in rural areas, and have low incomes. The Green Thumb program employs retired farmers for three days a week to beautify public areas. They may earn up to \$1,500 per year and are paid the Federal minimum wage. The program was operating in 15 states in June 1970. The Green Light program started in 1967 as an employment program for women and operated in 11 states. The Green Light workers are aides in community service and offer assistance to the handicapped, sick, elderly, and shut-ins.

The Teachers Corps is composed of experienced retired teachers. It is designed to improve the educational opportunities of disadvantaged children. Still another program, funded by the U.S. Department of Labor and administered by the National Council of Senior Citizens, is Senior Aides. Low income persons over 55 may work 20 hours a week and are paid the Federal minimum wage. They work in urban areas in a wide variety of jobs—child care, adult education, health, and homemaker services.

<sup>4</sup> A thorough study of role losses, reference groups, and role adaptation in relation to age-concentration in a large city is found in Rosow, 1967.



## V. ISSUES

### *Issue 1.*

Does society, through governmental and private voluntary organizations, have a responsibility for developing new roles for older people and providing opportunities and resources to engage in these roles? Or should society leave older people to their own initiative and resources to develop and pursue appropriate retirement roles?

One point of view is that retirement is a period of earned freedom from the pursuit of assigned roles; hence, the retiree should be relieved of further constraints that might be imposed through societal expectations or role assignments. Thus freed, the individual would presumably seek opportunities to engage in activities which might suit his interests, and hope to achieve the degree of satisfaction and status his personality demands. People who are prepared for retirement, sensitized to their needs, and have great inner resources can take the initiative and adapt to new roles.

The other point of view is that many individuals approaching retirement are unprepared and may require help from an understanding community. Experience shows that these people are not likely to find satisfaction unless society through governmental and private agencies assumes major responsibility for developing new expectations for them, encourages their acceptance of positive social roles, and provides suitable recognition or reward for their performance in them. If an individual has undeveloped inner resources through his prolonged orientation to work culture, he is left dependent on external resources at retirement. Thus, it is argued that society must assume some responsibility for developing expectations for him, encouraging the acceptance of positive social roles, and providing suitable rewards and recognition for his performance in them.

The resolution of this issue will help to clarify society's attitude toward time, the "use" of time, and the meaning of retirement in American culture. The old workaday attitudes toward time and use of time are no longer applicable to most retirees. For some they may seriously interfere with a healthy adaptation to retirement. The retiree must realize that leisure and relaxation no longer has to be "earned" or "deserved."

In the development of new roles the emphasis must be placed on role opportunities. Both the elderly and the community stand to lose when the talents and capacities of the elderly are allowed to atrophy. Evidence indicates that lack of opportunity is the outstanding obstacle for many old people whether they live in rural areas, in small towns, or in large cities. Older persons in relatively good health may have abilities which are going to waste because of lack of community effort to organize and make use of their interests and abilities. Some of these persons would like to find opportunities and outlets for their energies.

At the same time there are many retired people who do not even recognize the need for role realignment. They can be reached only by active recruitment. These older persons would benefit greatly in health and in improved morale if the opportunities were brought to their attention and they could be persuaded to become involved.

Some will argue that the provision of more role opportunities for the aged will entail additional public expenditures. Others point out that the positive results for the elderly and for society in general far outweigh the cost.



### *Issue 2.*

Given limited resources, should first priority in terms of program efforts to meet role problems or to create new role opportunities be given to those in greatest need—such as the very poor and the most isolated—or should such programs be designed to serve all of the groups or elements of the older population?

For example, different ethnic groups, persons of varying educational levels, and social classes have diverse value systems. If programs are developed, they must be flexible so they can be fitted to the special needs and values of the diverse groups that comprise American society. Often those older persons in greatest need of role involvement are the least equipped to develop opportunities on their own initiative and resources and, in addition, are unaware of the opportunities that do exist. Recent programs such as SERVE and Foster Grandparents have demonstrated the positive values in terms of psycho-social adjustment of providing isolated and low income individuals with positive, status-giving roles and of providing opportunities to engage in these roles on a continuing basis.

What are the benefits and costs of providing role opportunities for this segment of older people, compared to the benefits of providing opportunities for all types of older people? Clearly the less privileged may require more resources than the more privileged. But these benefits of different policies should be carefully weighed, and an attempt be made to achieve and accommodate the "role needs" of the largest number of older people. The two major questions to be answered are: What is the desirable balance, and how can this balance be achieved?

It is generally recognized that role opportunities have not been provided for the entire older population and that a basic need exists among particular groups for greater role opportunities. Some older people who desire to participate in the activities of senior citizens groups, old age centers, and the like face obstacles of poor transportation, physical handicaps, low income, and feelings of lack of educational preparation. How can society's policy makers on the local and national level be educated to these unmet needs?

### *Issue 3.*

Should society adopt a policy of preparation for retirement or education for life off the job?

Assuming the value of a policy of continuing education, what institutional sectors of the society should take on major and minor responsibility for establishing preretirement programs? Does the older person's employer have some social responsibility to help prepare employees for retirement which is similar to the employer obligations to provide accident-free working conditions, first aid centers, workmen's compensation insurance, and the like?

What is the role of public educational institutions in preparing individuals for retirement and the challenges and demands of later life? In the past, the educational systems of the United States have concentrated on the needs of the young and their preparation for adulthood and careers. Certainly these are highly important socialization functions which must be carried out in a complex society. However there is an urgent need to take account of the fact that a fourth of a person's life may occur in the retirement period, and he may need special education for this phase. The public school system could be broadened to direct more attention to the mature person as well as the young.

It is also recognized that a "gap" exists between the time of retirement and the beginning of new role activities. The reasons for the gap have not been studied; however the lack of adequate preparation is certainly one of the major factors. A related question for which specific answers are required is: At what points in the life cycle should preparation be instituted which will result in more successful role realignment?

#### *Issue 4.*

Given the changing nature of kinship structures and living arrangements of older people, should society assume the responsibility for providing older people with supportive services traditionally provided by the family, or should society continue to foster family responsibility for provision of needed kinship services?

These supportive services contemplated might include transportation to doctors, church, senior citizen meetings, etc., dial-a-friend, meals on wheels, financial consultation services, and the like.

The issue raises two questions: (1) Is it desirable to promote generational integration and (2) What are the implications for the individual, the family, and society? Further, what are the trade-offs for the above three groups when society provides older people with most of the needed supportive services? Does societal provision of supportive services enable older people to be more independent, or does it foster dependency? A policy of greater societal support would be very compatible for many older persons who wish to have "intimacy at a distance" with their own children.

It has been shown and is generally recognized that kinship relations constantly change, often resulting in decreased family responsibility for provision of needed supportive services to the older members of the family. Also, many older persons lack kinship relationships and hence do not have the possibility of service and help from kinsmen. The fact that many older people find themselves in this position may indicate the need for society—through governmental programs—to assume more responsibility for traditional family functions. Thus, societal provision of needed services can have positive implications for improving the well-being of persons otherwise neglected.

There is a special kind of intergenerational relation which will be of growing social concern in the future because of the greater longevity of older Americans and early retirement. These are situations in which the older person must face the problem of taking care of an octogenarian parent just when he is ready to enjoy his own retirement. Attention to these kinds of situations is necessary so the retirant may enjoy his retirement free from some of the difficulties of this new "parental" role.

There is also evidence which suggests that when governmental organizations and private agencies contribute to meeting the problem of retirement, the net effect is the strengthening of the family and its support. Individualism and self-reliance rank highest in the value system of most of the elderly in the United States. Morale of the aged is raised when there is less need to turn to children and relatives for support. On the other hand, children and also relatives seem more likely to take the responsibility that they can carry when the complete support of an aged person is partially lifted from their shoulders. Thus in many instances the approach should be to *supplement* rather than to *supplant* the family.

#### *Issue 5.*

Should public attitudes and policy be changed so that acquisitiveness, competition, and aggressive behavior be rechanneled by policies aimed at a balance between roles of social expression or service to the community on the one hand, and on personal growth and fulfillment on the other? That is, given the demands of a technological society, how can the old find acceptance and reward in giving more attention to social concern and helping others of all ages who are not so fortunate in health or economic condition, rather than merely retraining themselves for their own personal economic benefit?

This issue has implications for both society and the individual. A change in public attitudes and policy, in the direction outlined, could result in positive contribution to the community by the older person. This would provide needed social citizenship services to the

community and would enrich the older person with satisfying and status-giving experiences.

The issue also has specific implications for the nature of new retirement roles and activities that will be developed—how are they to be shaped and in what direction? An important consideration is: how can society devise rewards for self-expressive roles that will make them as meaningful and satisfying as the work and parental roles they replace?

Roles traditionally perceived as being appropriate for older persons may need to be changed. New roles in areas of community and citizenship service or in political activity may become desirable. These can be very conducive to physical and mental health, can reduce stress, and can enable older people to function independently.

A shift in emphasis of retirement roles towards social concern and help for those in need at all ages will also have implications for public attitudes toward the elderly and could result in reshifting societal priorities. Moreover, a change in the attitudes and role orientation of the aged would undoubtedly result in some kinds of *rapprochement* with younger persons. The idealism of many young people and their deep concern with America's social problems might be matched by the older generation's concern for many of the same problems and issues. In short, the new idealism of the young could be matched by a new idealism of the old and could be a possible means of closing the so-called generation gap.

Our retired population represents that segment of American Society, aside from the very young, having the *greatest* amount of the *greatest* freedom. What can we do to make this time a benefit—rather than a bane and a bore? Large benefits will accrue to the total health of the individual, the community, and the nation if opportunities are provided to help the individual sustain or develop a sense of personal worth, a sense of social responsibility, and a sense of autonomy.



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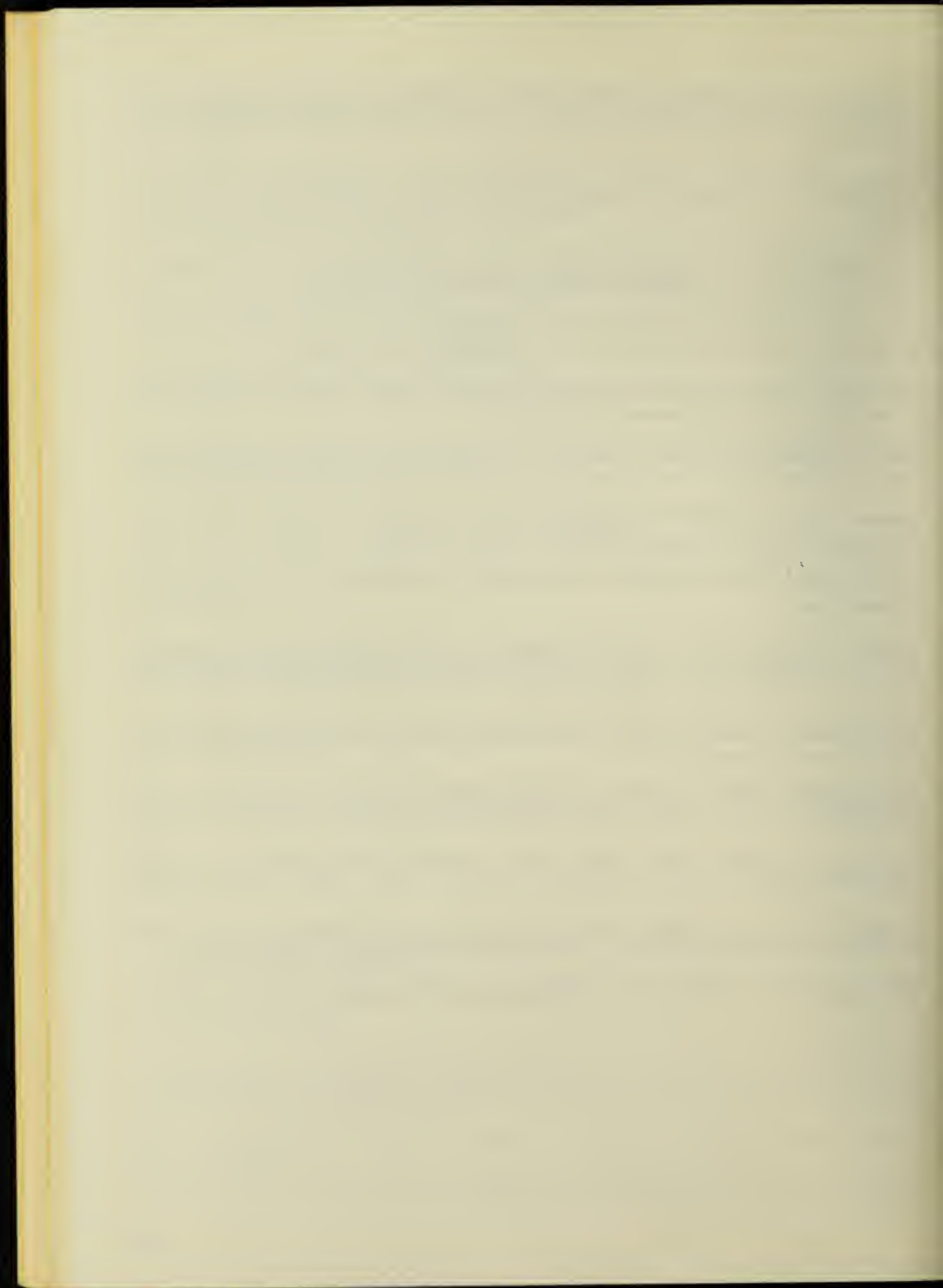
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Background and Issues



# SPIRITUAL WELL-BEING

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1971 WHITE HOUSE CONFERENCE ON AGING

## **SPIRITUAL WELL-BEING**

### **BACKGROUND**

**David O. Moberg, Ph. D.**

### **ISSUES**

#### **THE TECHNICAL COMMITTEE ON SPIRITUAL WELL-BEING**

**with the collaboration of the author**

**Hess T. Sears, Chairman**

White House Conference on Aging  
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February 1971

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## Physical Education

### FOREWORD

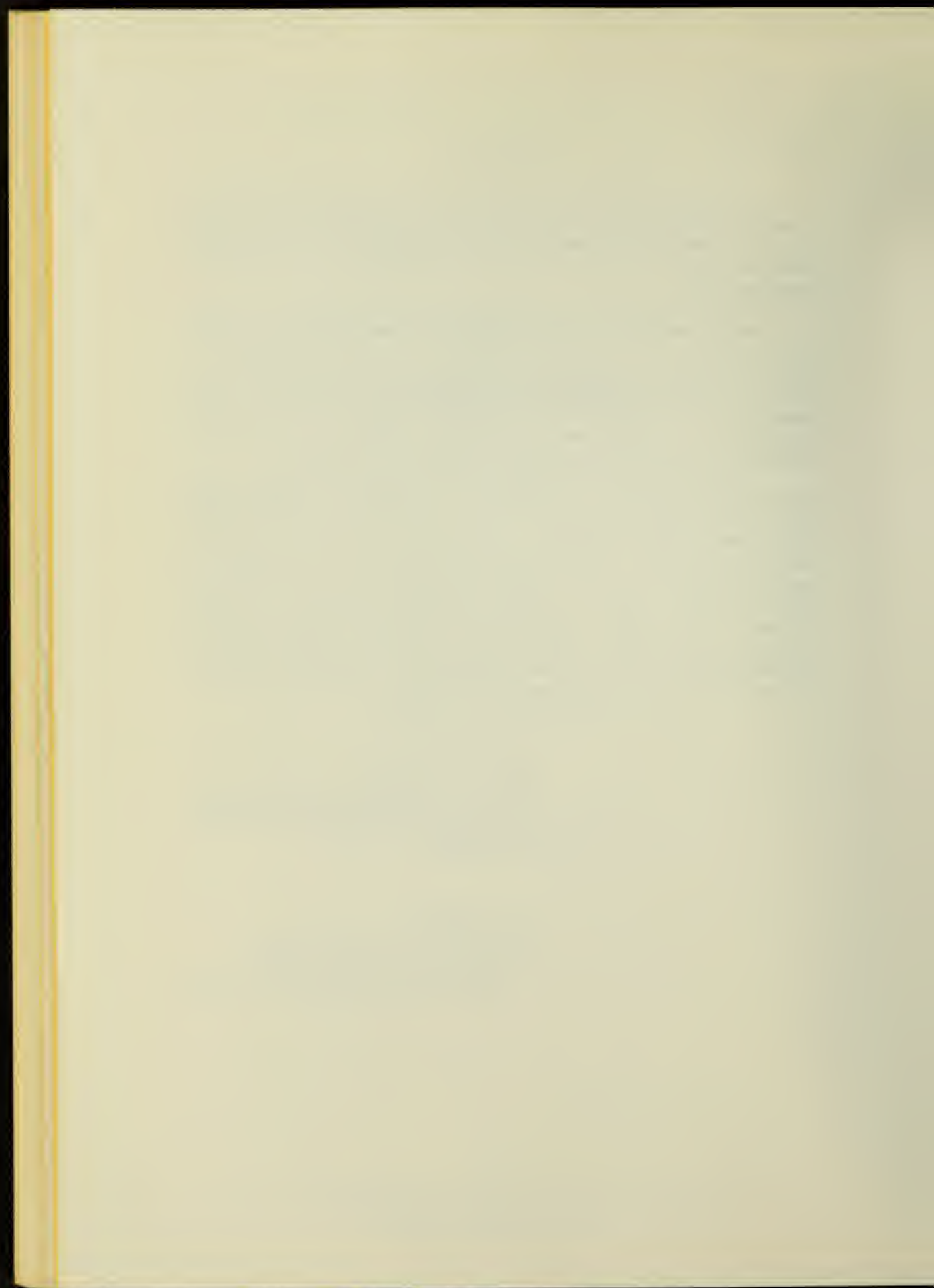
This paper on Spiritual Well-Being provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration and of delegates to the national White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

The first four sections of the paper discuss: the need for religious organizations and society to develop and promote services and programs that will contribute to the spiritual needs of the elderly; goals proposed by previous groups and conferences; information on knowledge available in this area; and vital gaps in meeting such needs. These sections of the paper were prepared for the Conference by David O. Moberg, Ph.D., Chairman, Department of Sociology and Anthropology, Marquette University, with guidance from the Technical Committee on Spiritual Well-Being.

The fifth section of the paper identifies several major issues relevant to the spiritual well-being of older people. The issues were formulated by the Technical Committee on Spiritual Well-Being for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the spiritual needs of the older population. The proposals and recommendations developed in community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the National Conference in their effort to formulate a National Policy for Aging.

Arthur S. Flemming  
Chairman, National Advisory Committee  
for the 1971 White House Conference  
on Aging

John B. Martin  
Special Assistant to the President  
for the Aging and Director of the  
1971 White House Conference on Aging



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## I. INTRODUCTION—THE NEED

... only human beings are religious. Things are not, nor animals. ... However much we may be related to animals, we are not related in religion. The religious aspect is also one which is closely interwoven with what is human in our treatment of the aged (Proceedings, 1968, p. 11).

These words by Dr. Don H. Gross, Executive Director of the Pittsburgh Pastoral Institute, summarize an observation made by many who have attempted to identify the characteristics which differentiate man from other forms of life. Whatever else man may be, he is homo religiosus, a religious being.

To assume, however, that everything "religious" is therefore also "spiritual" or vice versa is a serious fallacy, despite the frequency and social respectability of its use. The concepts overlap, but they are not synonyms.

### A. THE NATURE AND SCOPE OF "THE SPIRITUAL"

A wide range of human experience has been labeled as "spiritual" or as being an aspect of man's "spirit." These experiences include esthetic thrills, satisfaction with achievements, adjustment to oneself or to others, feelings of self-respect and human dignity, that which pertains to the unknown future, happiness, elation, gregariousness, empathy and sympathy, morale, mental health, optimism, sexual orgasm, a feeling of identity with Nature, and experiences induced by psychedelic drugs. When the concept is applied to all "wholesome" social relationships, ecstatic experiences, and healthful psychological conditions, it tends to cover so much that it becomes meaningless, incapable of differentiating between that which is "spiritual" and that which is not.

"The Spiritual" has a non-objective referent which cannot be studied directly by conventional scientific procedures even when its scope is specified more precisely, as will be clear upon further exploration of its meaning. For example, in his effort to penetrate "beneath the obvious outward things of religion and get down to the spiritual needs themselves," Bollinger (1969, pp. 49, 50-51) stated that:

spiritual needs are the deepest requirements of the self, which, if met, make it possible for the person to function with a meaningful identity and purpose, so that in all stages of life that person may relate to reality with hope.

Please note there is a distinction here between "spiritual" and "religious." While not necessarily opposites, they are not synonymous. A spiritual need may be met by a religious act, such as praying or receiving Holy Communion, but many spiritual needs are met by warm and sympathetic human relationships. Often a spiritual need is best met by dealing with a physical need.

... We believe that something is wrong with any society in which every age level is not clearly of meaning and of value to that society. The spiritual needs of the aging really are those of every person, writ large: the need for identity, meaning, love, and wisdom.

Note that his definition encompasses areas of social and psychological adjustment which conventionally have been interpreted as outside the scope of the spiritual ministries of religious organizations but which nevertheless have been latently present in their programs and

activities. Now, however, there is a conscious tendency among churches to incorporate explicitly many personal and social services far beyond the scope of "the care of souls" of traditional religious institutions. The inclination to orient the churches' ministry

more toward social service and less toward spiritual-religious experience than in the past . . . grows out of a growing awareness in contemporary theology that all of life is sacred, and that therefore social service is at the same time spiritual service when it derives from the desire to act out the love of God (Robb, 1968, p. 99).

This broadening of the scope of religious services by many clergymen and congregations is a part of the larger pattern of social change in our society and constitutes one focus of the tensions and conflict between traditionalists and innovators in Christian churches. (This problem is less evident in Jewish synagogues because Judaism has a much broader traditional concept of the scope of spirituality and has always included social concern as a direct aspect of it.)

Various descriptions of the spiritual emerge from the work of theologians, and each school has its own. The spiritual is variously interpreted as the realm of faith, revelation, illumination, and insight, in contrast to the realm of phenomena which are empirically observable by man through his senses. Since the spiritual represents the totality of commitment—the total man-God relationship which sensory experiences reflect only in part—it transcends the boundaries of the social sciences. Covering man's "ultimate concern," the spiritual is "the meaning-giving substance of culture" (Tillich, 1959; cf. Stough, 1965). It incorporates the totality of human value-orientations and is the "invisible religion" (Luckmann, 1967) that lies behind man's religious beliefs and practices, goes beyond them when they become frozen into rigid traditional forms, and is not recognized by those who seek religion only in churches. In his analysis of the "sociology of the supernatural," Sturzo (1947) referred to the importance of the supernatural as the essence of the religious life, which is the "true life" behind that which is outwardly lived in relationship to others:

The supernatural is not made a separate section of social life, something juxtaposed to the natural, which individuals may accept or reject at will. In studying society in its complex wholeness, in the concrete, it is found to exist within the atmosphere of the supernatural . . . (p. 17).

Since the natural and the "supernatural," or spiritual order, meet in man, even he who denies the supernatural root and branch of the religious life in a search for purely natural explanations of religion is involved with a "sociology of the supernatural" in a negative sense (Sturzo, 1947).

That man is a spiritual being cannot be proven through laboratory experiments or other scientific investigations. The evidence is intangible, residing in the realm of human intuition, insight, introspection, and experiential evidence of the sort sociologically admissible only in the context of a verstehende methodology. Among the indications that support the conclusion that man is essentially spiritual at the core of his being are the centuries of human experience reflected and recorded in the Bible and other sacred writings, the autonomous nature of man as a being with a capacity for decision-making, analogies to the nature of life (something far more than the totality of the identifiable parts of a biological organism) and the "other minds" problem of philosophy, the ability of man's spirit to transcend the matter of the material world through self-consciousness, the contrast between "knowing a person" and knowing facts about him, the possibly universal desire of men for an all-encompassing concern or ultimate commitment as an object of personal loyalty, and the contrasts between objective and subjective reality. This testimony at present is not directly susceptible to empirical social science research, but to ignore these indicators is to imprison the "spirit" of man in a three-dimensional scientific universe of space, time, and matter (Moberg, 1967).



The assumption that there is nothing supernatural or spiritual is just as much a metaphysical faith as the assumption that there is. The theological predicament—that every ultimate conception of reality, every basic *Weltanschauung*, rests upon postulates and convictions which are not self-evident but are analogous to that of God's revelation for Christians upon which the whole structure rests—is common to all people, not only to those who accept recognizably theological presuppositions (McCoy, 1964). For this reason, "Social reality demands reference to spiritual reality, to the mystery of being" (Morris, 1964, p. 171).

Lying at the heart of the meaning-giving center of human life, the spiritual realm of man's nature has special relevance to values. This spiritual realm gives rise to the ethical principles which help to guide the geriatric professions and other aspects of care of the elderly. The lack of social policy for the aging leads to the inability to set priorities, and thus preventing unanimity of action. As Kent (1969) has indicated, the formation of policy is therefore fundamentally a moral issue. Spiritual issues, which lie behind the moral ones, hence are the crux of the entire problem of public policy recommendations.

In summary, we shall consider "the spiritual" as pertaining to man's inner resources, especially his ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or nonreligious—which guides a person's conduct, the supernatural and nonmaterial dimensions of human nature.<sup>1</sup> We shall assume, therefore, that all men are "spiritual," even if they have no use for religious institutions and practice no personal pieties. The most appropriate dictionary definitions of "spiritual" as used in this paper are these:

*adjective:*

of or pertaining to the spirit or soul, as distinguished from the physical nature: a spiritual approach to life.

of or pertaining to the spirit as the seat of the moral or religious nature.

of or pertaining to sacred things or matters; religious; devotional; sacred.

*noun:*

a spiritual thing or matter (Urdang and Urdang, 1967, p. 1372).

## B. THE NEGLECT OF THE SPIRITUAL

The spiritual, then, is seen as the source of life, enabling and sustaining values in society, providing the philosophical orientation to all of life, and touching every aspect of human conduct. Given this broad scope, we must ask why the spiritual does not receive greater attention in geriatric education, social and behavioral science research, preventive and therapeutic care of the aging, and gerontological theory?

One reason, of course, is the self-fulfilling prophecy that results from presuppositions of the leaders of these activities. Assuming the spiritual to be unimportant, they ignore it in their work. Since it is ignored, its relevance is not discovered, and "the religious factor" appears to be insignificant and even, for some, becomes tabooed as a topic for investigation.

Certain historical facts in the development of the United States have also contributed to neglect of the spiritual. Interpretations of the heritage of separation of church and state and the accompanying civil right of religious liberty have hindered the application of governmental funds for research on directly "religious" subjects lest one religious group or perspective be benefited at the expense of others. The desire of scholars to avoid charges of prejudicial behavior in relationship to religious subjects and the difficulty of maintaining a reasonable balance of objectivity in the emotionally-laden subject field have kept many social scientists away from research on the spiritual.

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<sup>1</sup> Notice that it is not our intent to provide a theological treatise on the subject.

More important, however, is the difficulty of studying man's spiritual nature and needs by strictly scientific procedures. The spiritual in man is invisible and, as indicated above, not directly susceptible to study by currently available methodological tools and techniques of the social and behavioral sciences. Theoretical analyses based upon the *verstehende* approach, which emphasizes sympathetic understanding and intuitive insights about the internalized aspects of personality and the social self, are easily distorted by ideological biases, emotional hangups, and psychological barriers to balanced interpretations of the subjective and intrinsic aspects of man's nature. Such analyses therefore tend to be received with contempt or disdain by scientifically-oriented people.

Despite these difficulties, a beginning has been made. For example, at the Menorah Home and Hospital and its Geriatric Guidance Clinic in Brooklyn, psychiatric probes of "the inner space of man" have proven very helpful in improving the lot of numerous people past the age of 60. This "inner space" is "a synthesis of multiple systems. We mean man's mind, heart, soul, spirit, and inner life" (Loomer, 1969, p. 406). The focus is upon the psyche, not the soma. Yet treating the emotional and mental problems, which are major components of the spiritual, has an impact upon the body as well.

The close linkage of religion with the spiritual in the popular mind has led many "nonreligious" persons away from a conscious recognition of the role of the spiritual in human life. If they deal with it at all, they make an equally erroneous attempt to separate it completely from religion as if there were no overlap between religion and the spiritual aspects of man's nature.

Indeed, many "religious" people have similarly been led away from traditional expressions of spiritual life as they have moved toward a

higher spirituality of the subjective ego, gained by continual self-examination, which can no longer be finally identified with any objectivised truths which have become concrete and unequivocal.

... The results of the reflective spirituality of modern consciousness ... go as far as a radical rejection of religion in its traditional form altogether. Hammelsbeck, a pupil of Bonhoeffer, speaks even of an "end of the Christian religion," emphasizing that very split between the religious maxims and relics of religion, which are objectively exhibited in the world, and the gospel of continual direct and ever-present encounter with Jesus Christ. Simone Weil, a believer of no fixed confession, writes: ... "The supernatural is light; if one objectifies it, one debases it" (Schelsky, 1969, pp. 422, 423).

The fact that certain minority religious groups believe such change is moving closer to the essence of Christianity does not vitiate the fact that conventional interpretations of and approaches to spiritual facts are undergoing radical change.

When senior citizens are asked about their concerns, they typically mention tangible material needs like income, health services, transportation, housing, the burden of taxes, and leisure-time activities. The complexity of the spiritual component of man, its intermingling with every other aspect of human life and behavior, its identification as a "private" area, its numerous dimensions and implications, and the tendency to relegate it to a few religious institutions and professions are among the reasons why it seldom appears in positions of high priority on lists of the major needs of the aging.

### C. THE SCOPE OF THE SPIRITUAL IN THIS PAPER

It will be impossible to include in this paper a thorough analysis of everything that pertains to the "spirit" of man. Its scope would then encompass the totality of human behavior, for the spiritual is interwoven with every other aspect of man's life. A philosophy of life lies, consciously or unconsciously, behind all human attitudes, relationships, and actions. It



influences and is influenced by everything else that involves man, for man is a whole being who can be divided into parts only analytically and academically. In this respect, everything is spiritual! By the same token, because it is not possible to identify any clearly isolable "spiritual" segment of man that can be observed empirically, it also can be said that nothing—i.e., no tangible phenomenon—is clearly spiritual.

In our discussion we will attempt to deal with that which is closest to the central nature of the spiritual. We will arbitrarily omit in-depth discussion of certain topics that are covered in other background papers. (The greatest overlap occurs with the papers on mental health by Dr. Alexander Simon and on retirement roles and activities by Dr. Gordon F. Streib. Other aspects of the subject, although not using the word "spiritual," will be found in portions of all the other papers.)

Although morality and ethics are often interpreted as part of the spiritual (as indeed all human values are), we will not attempt to analyze them. They will be very obviously present as part of the background assumptions reflected throughout, but especially in our discussion of needs, services, and issues.

It may appear to a few readers that undue attention is given to religion and religious needs in this paper. In part, this is deliberate. The majority of people who today are in their later maturity grew up in an era in which man's spiritual needs were very closely identified with organized religion and its activities. When they sense that certain of their personal needs are at root spiritual, they are inclined to turn to their ministers, priests, or rabbis and to their churches or synagogues to satisfy those needs. Perhaps future generations will be different.

A second reason for concern with religious groups in this paper is that specific concern for spiritual welfare has been delegated to them more than to any other institution in our highly differentiated and specialized society. We do not intend to imply that everything done by religious bodies automatically ministers to spiritual well-being. Strong pressures demanding renewal of the churches are a result of actual or alleged failures to meet such needs.

Our discussion will reveal that many spiritual needs are met in families, mental health clinics, educational programs, recreational and leisure-time activities, and by the helping professions. It also will be evident that many activities and programs of religious institutions are not oriented directly toward meeting spiritual needs. Yet since a higher proportion of activities of typical religious bodies are directly and avowedly related to the spiritual well-being of man than is true of the other major institutions, it is appropriate to give these bodies specific, although not exclusive, attention.

#### D. SPIRITUAL NEEDS AMONG THE AGING

In her perceptive column, "On Being Black," Sandra Haggerty (1970) recently reported that the number of churches in the black community is equaled only by the number of liquor stores. At the close of her analysis of parallel activities and functions of the two types of organizations, she concluded that whether liquor stores followed the churches, providing solace for sinners who could not relate to the religious bodies, or preceded them, providing clients to wrest away from the devil, "it looks like both establishments will continue taking care of our spiritual needs."

This illustrates an important point: Spiritual needs are not satisfied solely within the context of organized religious groups. Indeed, many of them may be fulfilled in functional equivalents that ordinarily are interpreted as being quite contrary to churches. This has always been the case, but it may be even more true today than in recent past generations. As Professor Matthes (1964) put it, religion has emigrated out of the churches. We live in a new spiritual climate, one in which new forms of spiritual activities are found in a wide range of institutional and noninstitutionalized contexts. The very newness of the spiritual dimension becomes a source or context of spiritual need for people in their later maturity.



## 1. Sociocultural Sources of Spiritual Needs

Partly as a result of rapid social change, our culture is strongly oriented toward the values and characteristics of youth. This, together with the lack of clearly defined roles for the elderly, accentuates the problems of the aging (Roemer, 1969). The elderly are compelled by society to disengage themselves from work and other social relationships to such an extent that

the central theme of aging, in our culture at least, could be summarized as that of a series of losses. There is loss of physical faculties, such as acuity of vision and hearing; there is loss of one's instrumental role in society through more or less compulsory retirement; there is loss of prestige because of loss of mastery; there is loss of authority with one's children who have become authorities in themselves and there is loss of close ties with loved ones because of death; there is more frequently than not, loss of income and hence, loss of many of the luxuries which one was able to afford before; there may be a loss of home and freedom; and there is, finally, loss of an everlasting future on this earth, in which one can undo what one has done and in which one can still do what one has failed to do so far (Ujhely, 1968, pp. 25-26).

Similar impressions are conveyed by Thompson's (1969) analysis of what it means to be old. He fluently described being old as meaning more time alone, neglect, a back seat, less money, giving up many things, loss, accepting help from others, facing death, the threat of illness or disability, being frightened, accepting past failures and realizing that much of one's record of life is in, trying to figure out what one's life has meant, figuring out what you want to get done before you die, more time and greater freedom, greater importance than ever in getting along with other people, and more demand upon inner resources. To those who are "prepared for it by good health, energy, sufficient money, an adventurous spirit, an acceptable disposition, and the capacity to invest themselves," (Thompson, 1969, p. 24) it may also mean a time of high adventure. But such people still need one another and their families, even if they do not need psychiatrists. To cope successfully with the losses and problems of old age necessitates increased demands upon "strong inner resources. These are worth cultivating as part of preparation for old age. But inner resources must be cultivated and attended to for years, like saving money" (Thompson, 1969, p. 24).

Cultural forces accentuating the spiritual problems and needs of the aging are evident also within religious institutions. Symbolic sources of security are pulled away when tradition-hallowed customs are eliminated and dogmas once linked closely with spiritual virtue are changed. Roman Catholicism during the 1960's has provided an outstanding example of this as the language of the Mass was changed from Latin to the vernacular, rules against eating meat on Fridays were relaxed, many saints lost their sainthood, and in some churches statuary and paintings were removed from places of eminence and guitars replaced organs as musical instruments. Many mature adults have been disturbed when clergymen, attempting to be socially relevant and "contemporary" in their homilies and sermons, have preached about current affairs and social problems instead of giving direct expositions of theological doctrines and Bible passages (Hadden, 1969; Glock, Ringer, and Babbie, 1967).

The generation gap prevails in our society not only between youth and adults but also between adults and their elderly parents (Samuels, 1970). Discrimination against the aging is evident on many levels, frequently subtle.

Age-ism toward the old now takes many covert forms, as witnessed by the pervasive pattern of attitudes that make us slow in providing meaningful roles for older people and in raising their status as an age-group; by the small percent of the welfare dollar that is spent for services to the aged; and even by the fact that

research on aging is so slow to develop in both the biological and social sciences (Neugarten, 1969, p. 449).

The presence of discrimination against the elderly also has been noted in studies of many professions (Leake, 1969; Bennett, 1967; Oberleder, 1966), including clergymen (Maves and Cedarleaf, 1949, pp. 27-29; Gray and Moberg, 1962, pp. 33-36).

As a result of these cultural conditions, gerontophobia (Bunzel, 1969) is widespread. Many people of all ages fear aging and hate the aged. "... prosperity makes us resent and fear death and the humiliation of aging more than ever before" (Comfort, 1969). The anxiety related to aging accentuates the anxiety general in society:

Speaking figuratively, our spiritual atmosphere is polluted by anxiety, which permeates all domains of life, and which is partly responsible for the alienation of a great many and for increasingly aberrant social behavior (Jedrzejewski, 1969, p. 41).

The elderly, living "in the country of the young," are not, as in some stable preliterate cultures, cherished and revered. No longer can it be said that "the past of the adults is the future of each new generation," but the aged instead are "a strangely isolated generation" who are the carriers of a dying culture (Margaret Mead as quoted by Brine, 1970, p. 49; cf. Simmons, 1945). In a society in which the knowledge, if not also the wisdom, of one generation is outmoded by the next as a result of rapid social, scientific, and technological development, the knowledge based upon education and experience which is adequate for one era is antiquated and outmoded for the next. As if that were not indignity enough, folk wisdom and knowledge based on earlier experience is obsolete even for the aged themselves.

One consequence of the speed of change is that the values, habits, and behavior learned in their youth by older people are no longer the ones they are expected to have in the society in which they are now living (Tibbitts, 1963, p. 1134).

The success of the medical sciences in combatting and controlling so many of the causes of death earlier in life has contributed to great increases in the aged population. The scope of need is accentuated also by rigid retirement rules which prohibit healthy elderly people from working until the day of death, resulting in accompanying reduced incomes during the period of life in which such reductions curtail social and recreational activity and participation in civic and community affairs. As society has shifted from a pattern of assigning status on a simple ascriptive basis to assigning it on the basis of achievement, the possibilities of attaining and retaining social recognition are reduced among the aging, and all the more so as achievement is defined in terms of one's work, the very activity which many are denied by industrial regulations insisting upon stepping down at a prescribed age.

The experiences and problems of spiritual well-being spill over from and into all other realms of life activities. Philip L. White, Secretary of the Council on Foods and Nutrition and Director of the Department of Foods and Nutrition of the American Medical Association, has indicated that food is associated with love, so when an older person feels rejected, shut out, unloved, and socially isolated, his eating habits are affected. He begins to subsist on "toast and tea," loses weight, and ultimately winds up in a hospital or nursing home (Dewey, 1970).

Senility is frequently, if not always, a consequence of social relationships and external stresses which produce anxiety and overtax the older person's ability to function (Oberleder, 1969). Psychosomatic ailments are widespread among the elderly, even though they frequently are not diagnosed as such because of the assumption that the conditions are inevitable consequences of aging. The personal habits of some aged people which make them revolting to others can similarly be traced to problems of social relationships (Gray and Moberg, 1962, pp. 29-33).



Society thus exacts a heavy toll of "spiritual fatigue" (Koeberle, 1969) among the aging as a result of these and similar discriminatory features built into the social system. Nevertheless, as Professor Herschel indicated in his paper at the 1961 White House Conference on Aging, the basic spiritual ills of old age—the sense of being useless to, and rejected by, family and society; the sense of inner emptiness and boredom; loneliness and the fear of time—are not problems of the aged alone but are linked with all age levels and all of society.

We must seek ways to overcome the traumatic fear of being old, prejudice, discrimination against those advanced in years. . . . The effort to restore the dignity of old age will depend upon our ability to revive the equation of old age and wisdom. Wisdom is the substance upon which the inner security of the old will forever depend. But the attainment of wisdom is the work of a lifetime.

Old men need a vision, not only recreation.

Old men need a dream, not only a memory.

It takes three things to attain a sense of  
significant being:

God

A Soul

And a Moment.

And the three are always here.

Just to be is a blessing.

Just to live is holy (Herschel, 1961, p. 9).

## 2. Relief from Anxieties and Fears

A substantial proportion of the population past the age of 65—over fifty percent of some sub-samples—reveal symptoms of psychological anxiety, and many more experience physical anxiety (Riley and Foner, 1968, p. 388). A smaller percentage of the aged than of younger adults is happy, but the frequency of worrying does not seem to reveal a complementary increase with age (Riley and Foner, 1968, pp. 342-44). Many of these fears are grounded in tangible circumstances, like financial problems, housing, health, but others relate to the fear of uselessness, of the loss of social contacts, and of death (Williamson, 1953).

Psychologist Oberleder (1969) believes that the anxieties and losses suffered by the aged are the underlying cause of all senile symptoms. Forgetting is a handy way to tune oneself out of a totally unbearable situation. Confusion blots out reality, and delusions defend the elderly just as they do persons of other ages. Indeed, many of the elderly have

a hidden toughness which is difficult to assess. To hide this toughness they don the strong armor of sickness, rendering themselves invulnerable to the slings and arrows of domestic warfare. The employment of social therapeutics in a group setting encourages them to shed their armor. . . (DeLargy, 1960, p. 339).

One of the major tasks of the religious institutions has been to cope with human fears and anxieties, providing comfort, hope, assurance, love, sympathy, and other forms of spiritual support for those who are fearful. "The care of souls" and the specialized tasks of clinical or pastoral psychology among the clergy are oriented considerably in the direction of meeting this need. The empathic listening of nonprofessional friends, participation in group activities in which warm interpersonal relationships prevail, confidence of having "right" relationships with man and God, reminiscing about the past in a process of introducing order and meaning to one's total life, and many other personal and social activities can help to alleviate anxieties.



### 3. Preparation for Death

Most older people think about death, but few reveal any marked fear of it in questionnaire and interview surveys (Riley and Foner, 1968, pp. 332-36; cf. Lieberman and Coplan, 1969). Yet there may be a basic, underlying "existential anxiety" concerning one's own inevitable death, and many are fearful of the "pseudolife of idleness and uselessness in old age" more than of death itself (Berman, 1966, p. 192).

Though the Christian cannot help feeling, along with Newman's Gerontius, an apprehension in facing the final Judge, who also expresses absolute perfection, neither he nor the humanist is so much afraid of the fact of death as of the means of dying and this last medicine surely can, and indeed has, modified considerably for the better (Walker, 1968, p. 307).

The wide variations in the social meaning of death have not been systematically explored. Psychiatrist Wedge (1965, p. 648) observed that the meaning must be greatly different in an Arab village in which he once stayed from its typical meanings in the United States, for upon parting everyone said, "We will meet again in sha'lah—if it be the will of God."

Feifel (1965, p. 655) has observed that Western man essentially reflects two dominating outlooks toward death:

- (a) the *carpe diem* strategy—"if you don't get it now, you never will"; and
- (b) some form of religious orientation—the view that this life represents the only opportunity we receive to determine whether it is "thumbs up or down" for us in the world to come.

In contrast to this "one-shot" interpretation of earthly existence is the Oriental view of "a succession of existences to define his end-result. In consequence, he tends to approach death with a less jaundiced eye" (Feifel, 1965, p. 655).

Christian references to death as "being asleep in the Lord" may be interpreted as a form of evasion of the subject or else as paralleling St. Paul's statement "For me to live is Christ, and to die is gain" (Philippians 1:21). If Christian commitment has led to an intrinsic identification of self with God, the perspective toward death undoubtedly is greatly different from that of the person who has only extrinsic connections with a religious group and who focuses more upon the fear of a future judgment than upon rewards in a life beyond the grave. For those to whom death is the ultimate end of existence instead of a transition to another life or for whom immortality consists of descendants or the products of one's work, death and dying must have different meanings from those of persons whose views correspond more closely to orthodox Christian doctrines.

The decline in the authority of traditional religious beliefs and in the attention given to the ceremonial and symbolic aspects of death led Carstairs (1967, p. 8) to conclude that for most people

instead of trying to answer the ultimate questions, they have simply tended to postpone or ignore them. As a result, when death does come, it tends to catch us more than ever unprepared. Recent research has shown that bereavement, if not adequately coped with, can seriously affect the mental and physical health of the survivors . . . .

Among all the ways of dealing with death, the one most surely doomed to failure is the attempt to ignore it.

We live in an age of significant change in the conceptions of dying (von Ferber, 1970). As Hinton (1967, p. 40) reminds us,

Individual fantasy of the after-life appears to hold greater sway than religious teaching. Although this means that during life fewer fear the possibility of eternal hell after death as a deserved punishment for sinful ways, equally the religious belief that this life is a preparation for the next has been diluted almost out of existence. Increasingly few, it seems, are protected from the fear of death by the belief that it is not an annihilation, but the beginning of a fuller life (Hinton, 1967, p. 40).

The problems associated with death are not alleviated by the efforts of substantial proportions of the population to refuse to face up to the reality of death and to attempt to remove all personal responsibility for funeral rites. According to Wallace and Townes (1969, p. 331), our culture tends to equate death with punishment and failure, viewing it as a thwarting of the struggle for ultimate supremacy in an activity orientation that seeks mastery over nature. As a result, death is the source of anxiety and fear, and strenuous efforts are made to disguise it (Mitford, 1963; Brown and Buchanan, 1967; cf. Vernick, n.d.).

An unconscious fear of death is also associated with the tendency of many in the helping professions to avoid the elderly and the dying (Kazzaz and Vickers, 1968; Pearlman, Stotsky, and Dominick, 1969) and with the effort to prolong life as much as possible even for elderly persons stricken with incurable diseases. Such efforts in many instances may constitute prolongation of the act of dying more than prolongation of life as such (Williamson and Ried, 1967). The ethics of such activity need much more careful attention than has been given by most medical men and other professionals (cf. Walker, 1968). Perhaps the right to die will eventually be recognized as a part of the inalienable rights of man.

It breaks no unalterable Christian law, if, on the principle of loving his neighbour as himself, a doctor allows a person to die. He can comply with God's will that a patient die. Each case has to be judged on its own merits . . . (Hinton, 1967, p. 141).

Spiritual preparation for death is related to the material problems that need attention at the end of life (wills and estates, provision for medical bills and funeral costs, etc.), but it is especially concerned with the psychological and emotional adjustments of viewing one's own death as the appropriate outcome of his life. Seen as a developmental task of the last stage of the life cycle, "Death is then not the submission to a blind fate, but the acceptance of life's end in terms of its fulfillment" (Verwoerd, 1969, p. 119). Recognition of the salutary consequences of death can be a significant aspect of one's spiritual development (Feaver and Boyd, 1970).

As the elderly contemplates death, they sometimes give up hope, announce that they are useless, hopeless, and waiting only to die. The only appropriate response found by Berman (1966, p. 192) and his associates for such geriatric patients is, "What are you going to do in the meantime?" Spiritual well-being of the aging necessitates preparation for life in the midst of preparation for death (Feder, 1965, p. 622).

#### 4. Personality Integration

The elderly who have psychiatric disorders are often characterized by feelings of loneliness, being unwanted, loss of self-respect and usefulness, insecurity, and a lowering of standards of mental activity, cleanliness, and sociability. Assistance necessitates a multi-disciplinary approach to the total personality because the problems are so complex. If the



elderly can be given something to retire to, not merely retiring from something, their adjustment will be facilitated (Wolff, 1967; cf. Davidson and Kruglov, 1952).

Persons who have been absorbed in their work and have not been prepared to retire to new interests, hobbies, and associations, or fuller pursuit of old ones, may become restless, dissatisfied, worried, concerned, and compulsive over trivial matters; lonesome because of a declining circle of friends and acquaintances; moody, depressed, irritable, jealous, sensitive, suspicious, introspective, and more religious and philosophical than they were before (Clow and Allen, 1953). "If the aged person is to perform as a useful and happy person, he must have learned his adjusting mechanisms much earlier" (Clarke, 1952, p. 20).

Wholesome integration of the personality is related to every other aspect of well-being. It is a spiritual need greatly influenced by the same factors as are mentioned in the other sections of this paper. One of the most effective ways of promoting such integration is to engage in constructive activities on behalf of others. Many of these can be on the level of tangible spiritual ministries, like volunteering time to help relatives, friends, or volunteer service projects. Others may be on the level of less obvious services, like being a good listener to the problems and shared experiences of others and praying for people who are experiencing needs of any kind.

## 5. Personal Dignity

It has been claimed that "people die of damage to their dignity as often as they die of medical causes" (McRoberts, 1970). The social alienation of the aged is one of the greatest problems of gerontology (Kent, 1966). While it may appear to represent a voluntary withdrawal from others and is associated with hostility, aggression, and depression, alienation often is a consequence of the treatment of the aging by others. Personal and social integration or the lack thereof are closely related to each other in patterns of mutual reinforcement. Isolation which develops late in life is linked much more closely with mental disorders than an isolation which has been lifelong (Lowenthal, 1964; cf. Lystad, 1969, pp. 59-63).

Personal integration of the self is always related reciprocally to one's relationships to other people, and self-concepts are formed through a symbolic process of social interaction with others. One's sense of personal worth reflects his roles in society, especially those formed through work and honorific positions attained as an acknowledgment of some form of usefulness. With the loss of work at retirement and typically a gradual reallocation of responsibilities in social organizations and institutions to younger persons, many aged people feel squeezed out, unwanted, and useless. Their sense of personal worth thus undermined, they may decline in mental and physical health, dying of damage to their dignity.

The Biblical adage that man does not live by bread alone is very real to the aged person, "since what he longs for most of all is the preservation, respect, and dignity of his personality" (Savitz, 1967, p. 203). Persons who are the most strongly bound by ethnic, cultural, and religious ties are the least likely to feel isolated, abandoned, and hopeless when they are patients in nursing homes. Their culturally determined behaviors assist them to withstand the identity-shattering experience of entering an institution (Dominick and Stotsky, 1969).

Because age is not interpreted in American values as creating the right to be dependent, one must endeavor to remain independent while growing old. Deriving from the high importance placed upon work, this value leads society to treat as useless, obsolete, or reprehensible those who cannot do productive work.

For many elderly persons, therefore, the alternative to much degrading treatment is the maintenance of a fiction of independence behind a facade of "inviolable selfhood." The price of this fiction is often loneliness and isolation, fear and despair (Robb, 1968, p. 30).



In his summary of diverse statements of basic human needs that have been identified by various social and behavioral scientists, Robb (1968, p. 73) states:

that self-realization is a primary focus of need for adults, and is the key to other needs for recognition, affection, and social approval, especially for older adults who may be deprived of other ways of meeting these latter needs. But self-realization will mean something different for each person . . . Thus, independence and self-reliance must be seen as the key components of successful aging.

It may appear at first glance that those perspectives are contrary to each other, the one indicating the lack of sanction for a dependence that is often necessary and the other the need for independence of older adults in our society. The references, however, are to different aspects of independence. Many elderly people are robbed of their freedom of choice and self-determination of their own destiny by well-meaning children who commit them to institutions when it is not absolutely necessary to do so, and cultural forces push them about or shove them aside like machines serving the values of the marketplace until they are outmoded by more recent models. Such conduct, even when sanctioned by cultural norms, can hardly be labeled as morally right in the light of higher spiritual values.

To this need comes a clear spiritual answer. The Judeo-Christian religion strongly affirms the dignity of all human beings in its affirmation that man is higher than angels, created in the very image of God Himself. Out of his extensive experience in geriatric medicine, Rudd (1958, p. 6) has indicated that what the aged person most needs

is reassurance about his sense of personal unworthiness and the likelihood of God's pardon for sin. Sympathetic attendants who recognize this need can be the first step in bringing comfort.

## 6. A Philosophy of Life

Dr. Robert N. Butler, a geriatric psychiatrist who is a consultant at the National Institute of Mental Health, has observed that many older people "become quite interested in man's relationship to man and to the world at large and in the meanings of one's life and relationships. . . . such questions can be thought of as essentially religious" (1964). As the losses and disruptions associated with aging become increasingly evident, the stresses of adaptation also increase. The personal meaning or psychological significance of these losses is at least as important as their incidence or number (Perlin and Butler, 1965).

The mental images and internalized interpretations of the nature and meaning of their own situation, as well as of life itself, are obviously influenced both by external experiences and social relationships and by the internalized worldview that is the result of lifelong learning and development. In efforts to answer such questions as "Why am I?" and "What is the meaning of my life?" man is coping with the very essence of his own existence. These questions tend to be most prominent during adolescence and senescence. If during adulthood one has not sought consciously for a unifying principle to give meaning to the entire span and scope of his life, the individual is likely to turn in that direction during the later years. Reminiscing is a major aspect of that search; in reminiscence there is an attempt to see one's life as an integrated whole, thus giving it new meaning and integrating the personality (Butler, 1963; Lipton and Olstein, 1969).

For many, if not most, interpretations of death as well as of life are a part of this search for meaning. Spiritual values provided by the general culture and the specific subcultural groups to which a person belongs greatly influence this aspect of the individual's philosophy of life. In the context of the Christian faith, for example,

The theology of death, . . . in spite of the sorrow from separation and loss, sees it as the culmination of life, when man makes the transition from an earthly to a heavenly existence. Now religion fundamentally is a bridge. Etymologically, it says, *re-legare*, which means to bind together. Theologically, religion is the binding together of God and man, and the bridging of the life of man on earth and the life of God in heaven . . . (Coughlin, 1969, p. 6a).

A part of the urgency and special significance of finding meaning in the later years of life and of developing a personal philosophy which will protect the individual from personal and social disintegration is the predominance and strength of cultural values which discriminate against both youth and the elderly:

The same values that discriminate against the youth also discriminate against the old: productivity, achievement, material gain, independence, hard work, intellectual capacity, education, and scientific and technological sophistication.

. . . Like the young, the old are taking out of the system rather than putting in. Worse than that, unlike the young, they are not seen as an investment for the future (Kalish, 1969, pp. 86, 87).

Ironically, these very cultural values which tend to work against many of the best interests of the aged have been internalized by them, have been the basis for their entire lives, and have been transmitted by them to subsequent generations. To deny the validity of these values would be tantamount to denying the validity of their lives, so they generally work within existing social structures without questioning the basic premises upon which the structures operate (Kalish, 1969, p. 87). The tugs and counter-tugs of the various sets of values built into the social system and represented by divergent, often contradictory, philosophies and religions offered to all in our pluralistic society accentuate the need for individuals to cope personally with the problems related to the meaning of human existence. No common set of spiritual symbols and religious traditions is prevalent in the culture, so people of all ages are offered a number of possible life styles and demotheologies. In this "new spiritual climate" each is encouraged to "do his own thing" in the context of his own framework of meaning (cf. Tapp, 1969).

When the search for meaningful goals for life in later maturity is successful, the result is frequently

. . . a quieter life-style with greater self-control and lessened compulsion to produce and compete, and with increased pleasure in the success and accomplishments of others. The names by which this new life-style is identified vary widely, but include such terms as "wisdom, maturity, spirituality, humanitarianism, peacefulness, or mellowing." There is a feeling of freedom and release, combined with new ideas and new interests. There is a high degree of satisfaction with one's life, past and present (Robb, 1968, p. 87).

In contrast to effective functioning with equilibrium existing both internal to the person and in one's interaction with his environment, dysfunction implies discontent, unhappiness, and negative self-regarding attitudes, handicapping anxiety, and reduced flexibility in coping with stressful situations or achieving self-actualization. In addition to personal capacities and style of life, one's philosophy of life has a significant impact upon his adjustment (Linn *et al.*, 1969). If this philosophy has been developed satisfactorily, even should bereavement and loss of companionship imposed by illness be one's lot, the individual can have the enduring comfort that springs from his faith. This spiritual endowment can provide "willing acceptance of the unproven, acceptance of an intuitive if not demonstrable truth" (Evans, 1964).



Hope is a significant component of a satisfying philosophy of life, but it has received relatively little attention from social and behavioral scientists. The object of hope transcends the immediate and the concrete by being both more abstract and more distant. It requires the ability to envision future changes relevant to the self as changes "for the better." Postdictive comparisons of elderly people who were near death with controls who had a relatively long time left to live surprisingly revealed that in three-fourths of the pairs the death-near subjects were more hopeful than their death-far controls (Haberland and Lieberman, 1969). Since it has been observed that "the acceptance of death as a valid goal and belief in an after-life are psychological necessities for confident old age" (Rudd, 1959, p. 307), it would be interesting to learn whether the hopefulness of those nearing death is based upon faith in a life beyond the grave.

For many [of the aged] . . . the hope for better things to come is not available as an alleviator of the grimness and bleakness of the present. Some, fortunately, have a firmly founded religious conviction that in a life hereafter there will be eternal happiness. For the greater number, it would seem . . . such hopes are vague or nonexistent (Hulicka, 1961, p. 799).

The eternal, eschatological dimension of religious faith is an important source of need-gratification for those who have accepted, integrated, and internalized its meaning in offsetting the shortness of life (Robb, 1968, p. 104).

Fromm (1955) has indicated that all human beings have, besides their physiological needs, five basic needs which persist throughout the life cycle. These are the need for a sense of identity, the need for relatedness or belonging, the need for rootedness (some place, geographical location, or spiritual concept to which one can feel attached), the need for transcendence of the fact of our time-limited existence, and the need for a frame of reference to organize life, which may be called a religious belief or a philosophy of life and which provides a system of explanation for observations and experiences that otherwise seem unexplainable.

As one becomes older, things that were held so firmly, so strongly in youth, very often seem not to hold true anymore. The same rules don't seem to apply and the same kind of consequences don't necessarily follow from certain kinds of actions. There is almost a crisis in belief that comes in this area during later life. What often happens is that the underlying need for some of the action, for some of the noninvolvement, some of the loss of identity that we see in older life can really be attributed to this kind of crisis in belief when things seem to have gone crazy and nothing means anything anymore (Solomon, 1970, p. 26).

## E. SUMMARY AND IMPLICATIONS

We have seen that the definition of "spiritual" is not so clear and rigidly fixed that it can be separated from the physical, psychological, material, and other aspects of human existence. Instead it is a component or dimension of man which runs through all of the person and his behavior, providing an orientation and focus which pertains to all of the positively valued joys and experiences of living and all of the negative problems and fears of life and death. It provides a basis for coping with the disruptions of removal (mobility of children and grandchildren, death of spouse and friends, moving away from the old neighborhood), of biological insecurity (illness, death, and disrupted sexual functioning), and of sinfulness with its feelings of guilt (Johnson, 1964).

The spiritual also provides a basis for finding a sense of meaningfulness and importance in life, and it aids in revealing and exercising the values which compensate for deprivations (Barron, 1958, pp. 13-15). While a theology of aging may appear not to have been developed systematically by religious groups, there is a sense in which it consists only of selections from



the total faith of Christianity or Judaism which have peculiar relevance to older people in our society (Hiltner, 1958). "The spiritual needs of the aging really are those of every person, writ large: the need for identity, meaning, love and wisdom" (Bollinger, 1969, pp. 50-51).

One of the benefits of a living faith is its adequacy for any and all crises wherein limitations must be accepted. When faith affords such security, then the prospect of dying can be borne with the same confidence as the prospect of living (Johnson, 1964, p. 35; cf. Robb, 1968, pp. 104-107).

Spiritual well-being offers stability in the midst of the confusions of rapid social and technological change and of the deprivations associated with aging when familiar landmarks by which life is oriented are swept away. It protects the dignity and personal worth of the individual, establishes status in what a person is by virtue of God's action rather than in what he possesses or has accomplished, gives a generation-bridging understanding of oneself and others, enables the constructive handling of tensions and heightened emotions, stimulates efforts to correct social injustices, and provides a framework of meaning and values that points to the future in hope even in the hour of death (Committee on Religion, March 1960, pp. 23-24).

Spiritual values infuse every area of personal and social life, but they are especially the concern of religious institutions. As the Committee on Religion for the 1961 White House Conference on Aging concluded:

To Jew and Christian alike, religion is not simply an intellectual discipline nor institutionalized code of behavior, but is a total response to the activity of God in human affairs.

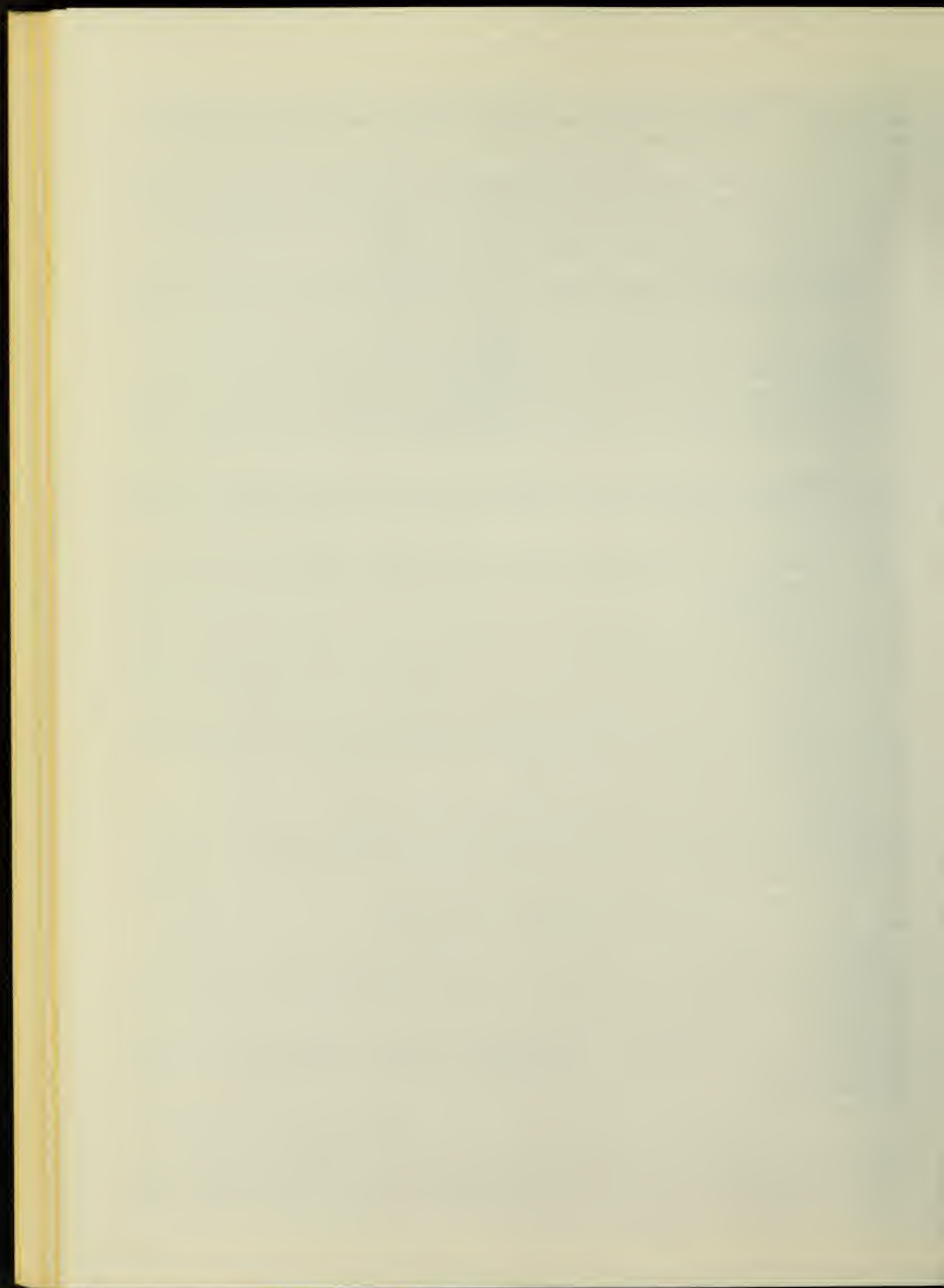
Religion has meaning for all of human existence from the moment of birth to the moment of death. . . .

It is of the essence of the viewpoint shared by the major religious bodies that the brief span of years allotted to a man on this earth be not regarded as limiting the total fulfillment of his life. Viewed in the light of an eternal destiny, then, the years of old age are revealed as having an importance as great as those of flowering youth or a creative and responsible maturity (Committee on Religion, March 1960, pp. 1, 15).

Because the spiritual is interwoven with all material and other aspects of human life, none of man's other needs can be fully resolved without including attention to his spiritual well-being. The needs related to income, nutrition, physical and mental health, housing, transportation, employment, retirement, education, and social roles all overlap with such aspects of the spiritual as ethical and moral values, the philosophy of life of the elderly and of those who plan (or refuse to plan) programs and services for them, the hidden agenda of anxieties and fears which lurk beneath the surface of collective decisionmaking in legislatures and community organizations, the estimates of the worth of people who have lost their normal claims to pride, viewing human life as sacred, and expecting God's judgment or rewards for one's behavior now and in a life beyond the grave.

Failure to recognize that man is a spiritual being and refusal to use his resources for service just because he is "too old" rank high among the indignities suffered by many people in their later maturity. A lack of spiritual well-being among the young as well as the old lies behind this problem.

The spiritual needs thus overlap with all of the issues that are part of what Nash (1970) termed the necessary foundation for the good life of the older citizen of today and the immediate future: attitudes, roles, personal and professional communication, mobility for the individual, alternatives from which to choose, and individualization of programs and services. Anything that promotes these qualities will contribute to spiritual well-being, and whatever promotes the latter will also enhance the former.



## II. LONG-RANGE GOALS

### A. SOME BIBLICAL TEACHINGS

Some of the oldest wisdom of mankind pertinent to the aging is found in the Bible:

You shall rise up before the hoary head, and honor the face of an old man, and you shall fear your God: I am the Lord (Leviticus 19:32).

The young clergyman, Timothy, was instructed by Saint Paul to deal respectfully with older people:

Do not rebuke an older man but exhort him as you would a father; treat younger men like brothers, older women like mothers . . . Honor widows who are real widows. If a widow has children or grandchildren, let them first learn their religious duty to their own family and make some return to their parents; for this is acceptable in the sight of God (I Timothy 5:1-4).

Then, as now, some of the elderly prayed, "Do not cast me off in the time of old age; forsake me not when my strength is spent" (Psalm 71:9). The assurance was given that old age could be productive, the righteous still bringing forth "fruit in old age" (Psalm 92:12-15). "The Preacher" admonished his hearers to remember their Creator in the days of their youth before "the evil days" of old age come (Ecclesiastes 12:1-8).

Consistently throughout the Bible are doctrines of man that provide a framework for action pertinent to the aging (as well as all other age groups):

The supreme worth of every human being, created in the image of God, is one of the basic teachings of the Bible. The Christian believes in God as the Creator and Redeemer of life, as well as in himself as the creation of God's love. These two basic convictions provide the spiritual resources essential to meet the spiritual needs of older people. These needs include the following: assurance of God's continuing love, a sense of meaning and purpose, a desire for security, freedom from the loneliness of life, a sense of being wanted, continuing growth through new experiences, a satisfying status as a person, a feeling of continuing usefulness, and the love and understanding of other persons (Moseley, 1968, p. 18).

The emphasis upon love for God and man as the ethical basis of all human conduct is strongly evident in the New Testament (Matthew 22:35-40; I Corinthians 13:1-14:1; etc.). Yet the insistence of some of its followers that love be the foundation of any good works toward others has led to the perverted conclusion that social services ought not to be provided for the elderly and others unless the internal attitudes of the givers are "loving." This becomes an easy excuse for not providing public services at all, for bureaucratic agencies are impersonal and hence "non-loving." The traditional values of Jewish culture are somewhat different:

. . . Christianity largely bases its charity on the word *caritas*, translated as "love." The Jewish concept is *t'zdakah* which means "charity," also, but is derived from the word signifying justice.



Love is capricious. Frequently we bestow it upon the wrong individuals. . . . Love is frequently imperious, impulsive, conferred as a boon, withdrawn as a penalty. Love may be given as a matter of caprice; justice is a matter of right. It is a dictate. Justice is an impersonal action. It is well-nigh universal. That is why the treatment of the old in ancient Jewish culture was not conditional upon affection or love. It rested upon the stronger base of law. A world without love would be a prison, but a world without law would be a jungle, a chaos (Rosenthal, 1965, p. 8).

The ideal goal is a combination of love and justice in which both are wholesomely upheld, for either one without the other can be degrading both to those who extend services and to the recipients.

## B. GOALS FROM CONFERENCES ON AGING

The first National Conference on Aging in 1950 suggested that the following spiritual needs of aging should be set:

- (1) Assurance of God's continuing love.
- (2) The certainty that life is protected.
- (3) Relief from heightened emotions (such as guilt, grief, fear).
- (4) Relief from pangs of loneliness.
- (5) A perspective which embraces time and eternity.
- (6) Continuing spiritual growth through new experiences.
- (7) A satisfying status in life as a person.
- (8) A feeling of continuing usefulness (National Conference on the Aging, 1951, pp. 206-210; summary also in Committee on Religion, Nov. 1960, p. 34).

The Section on Religion of the 1961 White House Conference on Aging recommended that church congregations; recognize the special gifts of wisdom, serenity, and understanding with which their elder members are often specially endowed and invite them to grow in wisdom, to deepen their relationship with God, and to accept the assurance of eternal life. Congregations were invited to provide suitable transportation and facilities for the aging in order to enable participation in worship and other services. Greater use of religious radio, television, and recordings, as well as personal ministries to the aging by members and leaders, were encouraged. State, county, and municipal governments were encouraged to provide chaplaincy services in public institutions serving the aging. Relationships with and treatment of each older person as an individual and active roles of responsible membership were encouraged. Also advocated were family life education, elimination of the idolatrous cult of eternal youth and replacement with religious convictions of the beauty and worth of old age, provision for specialized training of the clergy and lay workers in understanding the needs and potentialities of old age, and cooperation with every segment of the community in efforts to provide facilities and services for the aging. It was concluded that:

Religion binds a man to creation and the Creator, and enables him to face the future with hope. This group summons, then, the great religious bodies of the nation, their congregations, seminaries, organizations, and related agencies, and all Americans who share their concern for the aged, to join in expanded efforts toward seeing that each of our senior citizens receives the benefits, spiritual and material, they richly deserve (Special Committee on Aging, 1961, pp. 122-25; reprinted in Gray and Moberg, 1962, pp. 145-48).

### C. GOALS FROM RELIGIOUS BODIES

Numerous Christian churches, denominational conventions, and social service agencies, and many Jewish groups, have passed resolutions or produced statements of goals and objectives. To survey all of these would be impossible; to cover many of them would be repetitious, for they tend to be very similar (Whiting, n.d., pp. 24, 64-65).

In implementing a 1955 resolution of the General Convention of the Episcopal Church that a special study of the spiritual and social problems of the elderly should be made, the Division of Health and Welfare Services of the National Council pointed to the basic needs of older people, the goal being to reduce the negative aspects of aging and achieve positive gains. The six basic needs emphasized were (1) assurance of a just and equitable access to the goods, services, and resources of the community, (2) protection from excessive and unnecessary strains and hazards in work and living, (3) encouragement to keep active and mobile, (4) help to find the kind of routine that would give structure to their lives and represent a program for living, (5) maintenance of relationships with others and assistance to replace with others the loss of those they love, and (6) discovery in their change, loss, and finiteness of a meaning which transcends temporality, illuminates fears, and imparts hope (Episcopal Church, 1958, pp. 24-25).

These needs imply, respectively, the action goals of (1) maintaining monetary income, (2) shifting the occupational placements and providing safety devices at work and home which may not be needed by younger people, (3) maintenance of health and lively interests, (4) provision of something to look forward to, something to remember, and something to give rhythm to the days, (5) assistance and encouragement in making and maintaining friendships, and (6) enhancement of the sense of self-esteem and self-acceptance as persons who have value and significance. To fulfill these goals, new roles for senior citizens, programs for older people, and responsibilities in the parish ministry, including pastoral care, were presented (Episcopal Church, 1958, pp. 24-39).

The manual prepared for church leaders of the Disciples of Christ (Montgomery, n.d., pp. 8-9) indicated that facing the needs of older adults includes giving attention to their needs for self-expression, status, health, emotions, living in the present, preparing for the unforeseen, and a sustaining faith which brings a growing sense of security and peace as each day brings one near to God, the interior life becoming more important and exterior life less. The corresponding goals for program suggestions for spiritual ministries were to help keep devotional life active and real, to encourage making use of past experiences, to provide group activities, to make it possible for older persons to contribute their services, to assure their mental development, and to arrange a ministry to the homebound (Montgomery, n.d., pp. 15-19; cf. Chakerian, 1964).

### D. MAJOR CATEGORIES OF GOALS FOR SPIRITUAL WELL-BEING

Numerous individuals and groups have suggested goals for aging that pertain to the need for spiritual well-being. Those listed here are not a complete summary, but they are representative of the types of goals proposed.

#### 1. Assistance in Cultivating a Satisfying Philosophy of Life

Since one's worldview is so important to all other areas of orientation to living, whatever is done to enhance this aspect of spiritual well-being will influence both the subjective or internalized and the objective or exterior aspects of the total person in his situation. Much of this cuts across the entire culture. If respect for the aging can be promoted successfully, it will help elderly persons gain and acquire self-concepts, orientations to others,



and perceptions of their environment for the present, past, and future that will enhance their well-being.

Much of the activity to fulfill such a goal will be on the level of education. Such education should include but cannot be limited to elementary, secondary, and college-level classes. It must also reach adults at all age levels, including the retirement years. As people become more clearly aware of the needs, wishes, interests, and actual situation of the aging and of the great actual and potential contributions of this group to society and its members, their perspectives upon the subject should be modified and the lot of the elderly accordingly improved.

Certain aspects of this goal need special attention. One of them is the need to develop a philosophy of leisure as a respectable and important activity. The aging were reared in an era in which one's work was his primary source of personal identity and worth, so to be without work imparts feelings of loss of dignity, worth, and pride.

Since the major religions "are replete with many explicit and explicit references to leisure as being indispensable for healthy growth and spiritual development," they can help to engender more positive attitudes toward leisure and to prevent equating leisure with idleness, laziness, and self-indulgence (Martin, 1962, p. 221). By sharing exhortations of the Scriptures to "be still" and to "wait upon the Lord," religious groups can reveal "the close link between our capacity for leisure and our capacity for gracious giving, gracious receiving and gracious living" (Martin, 1962, p. 221).

Although the potential is clearly present, most religious groups have not developed an adequate doctrine of work. Some still foster an old puritanical tradition that anything fun is sinful, and others emphasize so strongly the viewpoint that "he who will not work should not eat" that guilt feelings are accentuated among the retired as well as among many who work "only" forty hours a week. Since work is not only a source of personal satisfaction but also of meaning, identity, and social status, Lazenby (1965) believes that it needs careful theological consideration. He would substitute a doctrine of employment for that of work, focusing upon and including all of life's concerns, not merely those for which men are paid. Employment with life includes the right to attend daily religious services and to pray, to give service to others within the range of one's competency, to accept the responsibility of thoughtful reading and concern for issues that face our world, the responsible investment of time, and the enjoyments of all of God's creation (Lazenby, 1965, pp. 9-10).

Of significance also to a satisfactory philosophy of life is a wholesome understanding of and perspective upon death. Instead of avoiding the subject except at funerals (at which there may also be an effort to shun its reality), religious groups and others can promote spiritual well-being by promulgating "a theology of death that sees it as the culmination of life" (Coughlin, 1969, p. 13).

Similarly, the churches can promote spiritual well-being by reevaluating and developing their doctrines of the family (including remarriage and sex among the aged), church-state relationships, coordination with each other and with other community agencies, health and illness, sin and forgiveness, and loss "as growth toward a birthday into eternity" so that people will find the fullest possible measure of life in their experiences (Lazenby, 1964).

By thus developing their theological foundation and disseminating the results, religious groups can help to promote a wholesome philosophy of life. But if they alone work on the subject, their efforts may fail. Wholesome perspectives on life and death, which can provide a framework for living, must be cultivated in all the other institutions of society as well.

## 2. Education

Preparation for life and for death, inspiration that leads to acquisition of a wholesome philosophy of life, correction of damaging stereotypes of aging and the aged, dissemination of information that provides a basis for legislative and community action to ameliorate the problems of the aging, preparation for retirement, and many other subjects need attention in



both the formal and the informal agencies and institutions of education. In a world of increasingly rapid social change continuing education becomes ever more important, for patterns of adjustment which are suitable in one decade may be patterns of maladjustment in the next, and the facts of one generation are identified as errors by the next. To live is to change. In order to do so satisfactorily, education must be continually developed and adapted to reach out to larger numbers of people and to include content and perspectives which will enable people of all ages to cope effectively with their own aging as well as that of others.

Not the least among these needs is the professional education of medical doctors, psychiatrists, lawyers, social workers, educators, the clergy, and others in the helping professions. Despite the large number of their clients whose problems are related to aging or the aged, the typical program of professional education tends to ignore or give but little attention to its geriatric dimensions (cf. Moberg, June 1970). Continuing education courses, institutes, conferences, and other avenues may be used to help redress this weakness.

### 3. Enrichment of Living

Life enrichment to help meet the spiritual and other needs of the aging is an important goal of numerous projects and groups. Finding creative outlets for the service of the aged, not merely make-work activities of little significance to them or to others, can make a constructive contribution to human relations and the community as well as to the persons who participate in them (Perry, 1967). Many older people who are "shut in" feel that they really are "shut out" (Ailor, 1969, p. 194; cf. Gray and Moberg, 1962, pp. 96-117). When they are provided transportation to interesting group activities and stimulating programs, their emotional, spiritual, and physical health is often restored.

Standing up and speaking for the rights and needs of the aging is too often the extent of efforts by many churches and community agencies. To be effective, these institutions also must be informed about these rights and needs and "act, giving to people a renewed sense of self-hood, dignity, creativity, and, above all, purpose for living" (Ailor, 1969, p. 192). Just as there are foster grandparents programs in the pediatric wards of hospitals and in children's institutions, there can be "bedside companion" programs for geriatric patients which carry over into the community when they are released from in-patient care (Oakes, 1969, pp. 93-94). Continuity of care and friendship would thus be provided, and renewed health would be eagerly anticipated instead of feared because of the prospect of losing friendship and care upon release (Oakes, 1969a, pp. 93-94). Life is enriched through wholesome friendships.

A sufficient range of opportunities for service can provide all older people with worthy alternatives, enabling them to find the level of activity and engagement that is to their own tastes and suitable to their abilities (Ujhely, 1968, pp. 33-34; cf. Wylie, 1970). Many of the losses associated with aging may be experienced as gain, as helping one to grow, as providing freedom to do what one wishes to do, and as an enriching rather than impoverishing experience. If cultural definitions encouraged them, this type of response to the "deprivations of old age" might be much more common.

People who are able to see loss as gain, as a door that opens up new worlds for them are rare. They do not often require our care. If we do meet up with them, . . . one way in which we can assist them greatly . . . is by giving them support and encouragement for their unorthodox way of leading their lives and to protect them, if possible, from the disapproval of their relatives and friends.

Many of the aged persons, as a result of their past upbringing, equate loss with weakness and weakness with shamefulness. These people will not acknowledge that they [fail to meet many social and material expectations] . . . They are proud people and have to be treated as such. . . . Whatever help we must extend to this group of aged, we need to give it in a calm, matter of fact way, with

greater emphasis on the fact that we want to give it than that it is needed by them (Ujhely, 1968, pp. 28-29).

The above are but examples of the ways in which the enrichment of living in the later years may be enhanced by volunteer services, professional care, church programs, community projects, and other means of bringing increased dignity and an enhanced philosophy of life to the aging and elderly. All of these goals can be summarized in the words of Tibbitts and Donahue (1960, p. xv):

If we are to have a new society, if the added years are to be meaningful, one thing is clear; we must begin to see the aging of the population as an achievement which has created an opportunity to be grasped, rather than as a set of problems to be solved along humdrum lines.

#### 4. Therapeutic Services

Whenever problems arise, they need treatment, and this treatment should serve the needs of the whole man, not merely the isolated parts in which symptoms appear. Indeed, a part of the need in this respect is better diagnostic services to identify all components of physical and mental ailments (Hickey, 1969). If research were more comprehensive and if it had conscientiously sought pertinent evidence, the spiritual components of well-being would be recognized as far more important than professional people generally feel them to be.

"Spiritual fatigue" and its associated problems are perhaps the most frequent set of difficulties which occur in old age. Such fatigue spills over into apathy, nagging loneliness, stubbornness, social isolation, unrealistic glorification of the past, and sad reflections about self-identity and purpose for living (Koeberle, 1969).

Emotional rehabilitation of numerous elderly persons, especially of geriatric patients, is therefore needed. Wolff (1966) suggests that such rehabilitation involves adjustment of dependency needs so as to retain self-esteem, assistance in the acquisition of a new philosophy of life in which religious activities and beliefs can play a major role, help in eradicating the fear of death, and encouragement in maintaining a goal in life. "As long as the hope of fulfillment and of intellectual, spiritual or emotional growth maintains his self-esteem, he [the geriatric patient] can handle other anxieties and fears" (Wolff, 1966, p. 1152).

Therapy can be provided through nonprofessional as well as professional channels. The "power of the listening ear" (Drakeford, 1967) has tremendous potential for healing emotional and spiritual ailments. Sharing experiences, listening to the reminiscing of an aging friend, and hearing confessions of faults, failures, and mistakes without condemning the confessor can heal the spiritual wounds that so often cause excruciating pain for socially isolated senior citizens. Widow-to-widow programs can make a significant contribution to such needs.

Mourning rituals for the bereaved and their relatives, friends, and neighbors are no longer institutionalized in society. Civil rituals of mourning, instead of denying mourning as currently typical among those who have only residual religious beliefs or none at all, should be invented, for

... a society which denies mourning and gives no ritual support to mourners is thereby producing maladaptive and neurotic responses in a number of its citizens. . . .

The [median] period of intense mourning probably varies . . . between six and twelve weeks. During this period the mourner is in more need of social support and assistance than at any time since infancy and early childhood; and at the moment our society is signally failing to give this support and assistance. The cost of this failure in misery, loneliness, despair and maladaptive behavior is very high (Gorer, 1967, pp. 134-35).



In the midst of all of life, churches, synagogues, and other religious groups can play an important part in providing therapeutic services. They can do much in worship to provide treatment needs en masse for psychiatric patients (Turley, 1970). Their unique role is the provision of salvation in the best and most abundant sense of that term. The Rev. Donald H. Crosby of the Division of Social Action of the American Baptist Home Mission Societies expresses it this way (as quoted by Stifler, 1970, p. 27):

"Salvation," in the best sense of the word, to me is a total life process. It involves all of us and all that we are. The church must serve all its members in working out grief which comes with the loss of husband, wife or other loved ones; in facing death; in understanding the meaning, purpose and role in life, and life after death; in facing guilt and working out guilt feelings; in offering counsel, for instance, helping an older person understand and face change, a condition which is now a fact of life.

## 5. The Right to Die

The privilege of dying in dignity should be a goal for all men (Kramer, 1970; Downey, 1970; Bayly, 1966). Because our society is oriented toward and trained for fighting death instead of meeting it (Ailor, 1969, p. 192; Loether, 1967, p. 91), guilt and frustration are substituted for a rational ethic in the formulation of goals related to the inevitable end of life on earth (Goldman, 1969). Hence there is a strong temptation in the medical profession and on the part of family members to prolong life as long as possible even in the case of obviously terminal illnesses. Artificial devices and medications are used to keep a person alive without giving him any stimulation to creativity or any reason for living. Not only does this defer the patient's right to die, often violating his expressed wishes, and accentuate the guilt of the bereaved when death does come, but it also tends to impoverish the survivors and to claim an undue share of medical care for the sake of merely deferring the inevitable end.

... There is no doubt that one of the unique and specific developmental tasks that old age brings is the necessity of reintegrating one's past life and coming to some terms with the inexorableness of personal death. Nevertheless, we should guard against confining the impact of dying and death to a singular temporal period. Data we are now securing from research imply that feelings and concerns about dying and death are lockstitched into our behavior patterns throughout the entire life-range. The meaning that death holds for us in all age decades is a neglected variable. If heeded, it can enlarge our grasp of present behavior (Feifel, 1965, p. 654).

Even when the truth is withheld from him, the dying person often knows that the end is near. The fear of death may be abated by being told the truth (Hinton, 1967, pp. 100-03; cf. Jones, 1967). Many wish to prepare themselves spiritually for approaching death and desire the assistance of a minister, priest, or rabbi. Most receive spiritual comfort from visits by friends and relatives, and this comfort may come merely from the willingness to spend some time with the dying person (Hinton, 1967, pp. 120-25).

For most dying patients "death itself is not the problem, but dying is feared because of the accompanying sense of hopelessness, helplessness, and isolation" (Kuebler-Ross, 1969, p. 239). Strauss (1969, pp. 269-70) has similarly concluded on the basis of his studies of dying among the elderly that beyond question the greatest problem in caring for them pertains to their psychological and social needs. A great deal can be done to overcome these problems by stimulating volunteer services, pastoral ministries, other social relationships, and wholesome philosophies of living and dying.



The spiritual perspective that recognizes that "it is appointed unto men once to die" (Hebrews 9:27), and provides a wholesome eschatological orientation for coping with the future can make a significant contribution to the human right to die in peace. Through "personal (existential) appropriation to oneself of the theocentric and Christological affirmations regarding life, death, and the resurrection" (Hall, 1967), the Christian's understanding of and response to the facts of living and dying are changed. The reality of God's resurrection power becomes to him a symbol for faithful personal confidence in God, a confidence resting on the validity of faith (Hall, 1967).

## E. STRATEGIES FOR GOAL IMPLEMENTATION

The means as well as the ends of spiritual well-being must be included in the establishment of goal-oriented programs. As indicated in the pamphlet to assist American Lutheran church clergy to prepare for retirement, the question, "On what will you ground your life in retirement?" is easier by far to answer than "How will *you* do this?" Spiritual values and the relatedness of man to God do not change, but how specifically to maintain a sense of person worthiness, to continue to find meaning in life, and to remain a vital part of society and of mankind requires active planning, not merely faith alone (Division of Pensions, 1968).

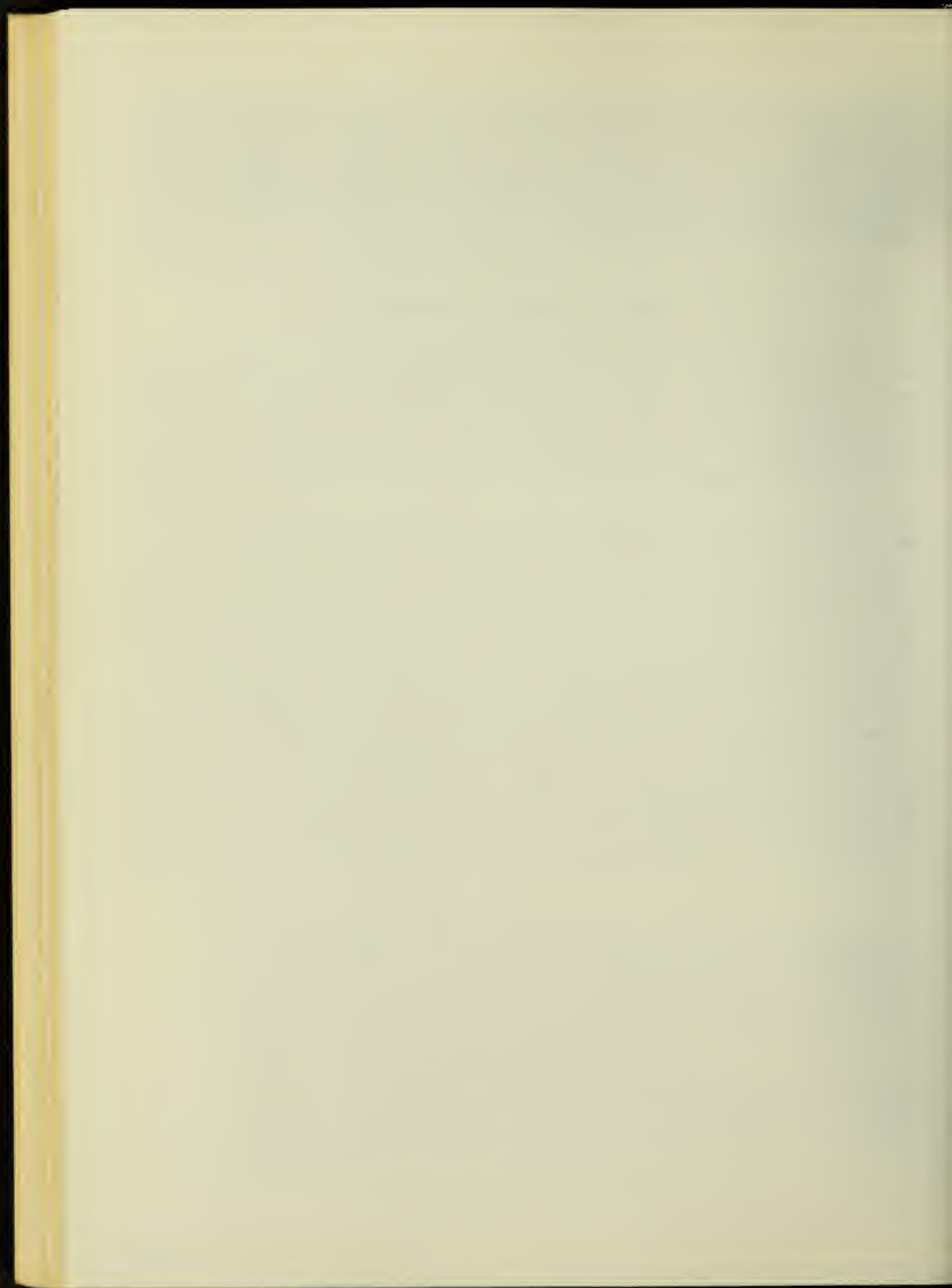
Most generalized goals receive widespread acceptance, but there often is wide-ranging disagreement about the specific means necessary to achieve them. One study revealed that most goals related to American social planning for the elderly have evolved sporadically, expediently, and haphazardly. Most organizational and community action projects have chosen goals without any sound evidence that their realization actually would enhance the welfare of the aged, and over 95 percent of the goals were chosen on the basis of criteria other than improving the welfare of the elderly. Under one-tenth of the goals took into account the diverse requirements resulting from the wide variations among persons in their later maturity. Only about one-fourth of the goals were chosen on the basis of data about the actual needs of the aging, the majority assuming needs on the basis of inadequate evidence. Only "a handful of the goals were developed with attention to the power variables" that play such an important part in determining the success or failure of any attempt to establish a program or service (Binstock, 1967). These findings obviously imply the need for positive action to counteract the flaws of current programs. These flaws apply as much to the spiritual needs as to other needs for the well-being of the aging. The diseases of institutionalism which make the organizational means into goals to be served by men occur in churches as well as in other social institutions (Moberg, 1962, pp. 121-24).

As Hammond (1969, p. 323) has written:

Numerous sources...provide a rich assortment of ideas and programs for ministering to the aged. What is needed, rather, is a rationale and a specification of organizational ideology, which permits choices to be made in a nonrandom way. Sociology...is only one source of help, but so also might cost accounting, psychiatry, or political science have relevant theory for advancing the church's understanding of its posture toward the aging.

...It may well be one of history's greater ironies...that, at the same time society becomes more differentiated, it produces larger proportions of aged persons whose needs appear to be for less differentiation. The gerontological strategy...should, it would seem, be directed toward easing the strains of that differentiation.

It is simple to delineate generalized goals for the spiritual well-being of the aging. To implement them, however, will necessitate a great deal of coordinated effort by people from a wide range of organizations and institutions. While religious groups might well take the lead in such planning in each community, cooperation with key agencies and personnel in all of the helping professions will be needed to cope fully with the magnitude of the task, and the stimulus and support of State and Federal agencies will make a tremendous difference in the nature and scope of the services provided.





### III. KNOWLEDGE AVAILABLE

Very little research has dealt directly with spiritual well-being among the aging, but a great deal of research has covered such related topics as church attendance, religious beliefs, and personality characteristics in relationship to various indicators of religiosity. The following summary of some of the major findings will not refer individually to all of the specific studies which are its source because the majority of these have been summarized in four excellent resources, each of which has dozens of references (Gray and Moberg, 1962; Maves, 1960; Moberg, June 1965; Riley and Foner, 1968, Chap. 20). (In cases of unique conclusions, more recent data, and supplementary sources that are not included in those, references will cite specific studies upon which the conclusions of research are based.)

#### A. RELIGIOUS PRACTICES

##### 1. Church Attendance

Such attendance is generally maintained at a high level in the later years of life, although, with advancing age in the late sixties or early seventies and above, the rate of attendance gradually declines, presumably as a result of increasing rates of disability, problems of mobility, and financial limitations. In one study of urban Catholic old people in relatively good health, attendance rates of people past their seventy-fifth birthdays were higher than those of persons aged 65 to 74 (O'Reilly, 1957, p. 120). As in other age groups, the attendance rates of older women are higher than those of men in each equivalent age category.

##### 2. Memberships and Social Participation

More of the memberships and formal social participation of senior citizens is in churches and their auxiliary associations than in all other types of social organizations combined. There are variations, however, by type of community (those in rural areas participating proportionately more heavily in church groups (Pihlblad and Rosencranz, 1969)), by social class (the working class having few formal group activities besides those related to their churches, and the upper class having many, most of which are outside of religious groups, with the middle class falling between those extremes), and presumably by ethnic identification and religious faith.

##### 3. Radio and Television

Substantial proportions of older people listen to church services and other religious programs on radio and television. As church attendance among the religiously oriented decreases, use of the mass media as substitutes for it increases. This helps to explain why many "radio pastors" slant their programs deliberately to try to meet spiritual needs of homebound people.

#### **4. Personal Devotional Activities**

Activities like Bible reading, praying, and meditating, increase steadily with age during the adult years. To what extent the increases among the age groups are indicative of actual increases among the same individuals as they age and to what extent they represent generational differences in which successively younger age cohorts are inherently less religious is not completely clear, but it is likely that some elements of both factors are involved.

### **B. RELIGIOUS BELIEFS**

#### **1. Belief in God**

Belief in God reaches its highest levels and is held with the greatest certainty in the later years of life. For example, in the 1966 Catholic Digest Survey, 86 percent of the respondents aged 65 and over were "absolutely certain" that there is a God, compared to declining percentages with each successively younger age category to ages 18-24 at which 71 percent were "absolutely certain." Correspondingly, only three percent of those aged 65 and over but eight percent of the youngest group either were not at all sure there is a God or did not believe or know it (Riley and Foner, 1968, p. 492). The 1952 Catholic Digest Survey revealed similar findings and also disclosed that 81 percent of the respondents aged 65 and over thought of God as a loving Father, compared to 79 percent of all respondents and 76 percent of those aged 45 to 54 (Catholic Digest, 1952).

#### **2. Belief in Immortality**

Belief in life after death is expressed by over three-fourths of the national samples of population aged 50 to 55 and over, compared to smaller proportions of younger age groups (Riley and Foner, 1968, p. 493; cf. Gallup and Davies, 1969, p. 18). Barron's survey of New York City people, three-fourths of whom were Jewish, found that the proportion who believed in a life after death increased from thirty percent at ages 30 to 35 to over forty percent at ages 60 to 65. Nonbelief correspondingly diminished from 36 to 25 percent, the remainder of the respondents being uncertain (Barron, 1961, pp. 164-83).

#### **3. Belief in the Importance of Religion**

A belief in the importance of religion is held by a larger proportion (about six-sevenths) of people past age 65 than by younger adults. Several studies indicate that more people say religion has become more helpful and of increasing meaning with advancing age than the opposite. This is also true among Southern Negroes and white welfare recipients (McNevin and Rosencranz, 1967). More than 90 percent of 700 centenarians said that religion is "very important" to them, and large numbers were still actively involved in church attendance, participation in sacramental rites, and even service activities for their churches and synagogues (Beard, 1969). Yet it is possible that religion is perceived as less salient than are family, relatives, and friends, for in a national sample survey the latter were mentioned more often as a source of satisfaction and comfort in the lives of the elderly "today" than religion (Barron, 1961, p. 179; 1958, pp. 28-30).

#### **4. Conservative Religious Beliefs**

Conservative religious beliefs about the deity of Jesus, Biblical miracles, the devil, and other traditional Christian doctrines are more common among elderly than among young and middle-aged adults (Stark, 1968; Fukuyama, 1961).

## C. RELIGIOUS KNOWLEDGE

### 1. Intellectual or Cognitive Differences by Age

Intellectual or cognitive differences between older persons and others have not been investigated thoroughly with respect to religion, and the research findings to date are somewhat inconsistent. A poll in 1950 revealed that the elderly are more likely to name selected books of the Bible correctly (Erskine, 1963, p. 135), and a poll in Sweden in 1944 found that the elderly were more likely to have memorized the catechism (Cantril, 1951, p. 746). Yet there was a decline in religious knowledge among the elderly on a score of religious information in a large study of urban Congregational Church members (Fukuyama, 1961, p. 158).

Davidson's (1969) study of Methodist and Baptist church members in two Indiana cities, however, found that knowledge of church history and teachings was greater among adults aged 51 to 60 than among younger adults, and it was greatest of all among those over 60. On the other hand, members past fifty also revealed:

a marked decline in their willingness to rationally examine, doubt, or question church teachings. In short, church members gained in religious knowledge after fifty, but were less disposed to a rational-critical approach to religious issues (Davidson, 1969, p. 39).

When age comparisons are made holding years of education constant, it is wise to recall that the general rise in educational level in the nation may mean that "people who are now old [may be] of higher mental ability than the young people with the same amount of education," for "the rising average level of education may well have led to a decline in average mental ability at some if not all educational levels" (Glenn, 1969, p. 22). Lower test scores may reflect variations in test-taking experiences, speed of response (if that is a factor in grading), and other variables besides intellectual ability and knowledge.

## D. RELIGIOUS EXPERIENCES

### 1. Religious Feelings, Emotions, Thoughts, Visions, and Dreams

Many older people experience religious feelings, emotions, thoughts, visions, and dreams and share them with clergymen, relatives, and friends, even though they do not often talk with their physicians about them. Although the evidence is not decisive, partly because both expressive and instrumental components are involved in most activities, there apparently is a desire on the part of the aged to turn from instrumental activities, in which people

are expected to achieve, to produce, to withhold emotions, to restrict their range of obligations, . . . [to] expressive relationships and activities—diffuse endeavors in which they can spontaneously "express" themselves, in which their actions are ends in themselves rather than instruments to the accomplishment of other ends (Hammond, 1969, p. 303).

This may be part of the reason why they are more inclined to seek comfort than challenge through their church involvements (Glock, Ringer, and Babbie, 1967).

From his study of responses to items in the Minnesota Multiphasic Personality Inventory by 50,000 patients at the Mayo Clinic, Swenson (1967) reported that the highest proportion of persons saying they had experienced some "very unusual religious experiences" was among those aged 70 and over, and the same is true of those agreeing that "I am very



religious (more than most people)." Belief that "Evil spirits possess me at times" was low in all categories except those under 20, but it was lowest of all among the eldest.

Davidson's (1969) Indiana Baptists and Methodists generally scored highest on the experiential dimension of religion in the youngest and oldest categories. They were "increasingly inclined to desire and report having had personal experiences with the supernatural" from age 50 on.

## E. CONSEQUENCES OF RELIGION ON PERSONAL AND SOCIAL LIFE

### 1. Other Social Relationships

Participation in religious groups is associated with other social relationships. Church members are more likely than nonmembers to be active in community associations, clubs, and other organizations, although the rates of voluntary association membership are lower among the oldest than among middle age categories. While this undoubtedly is partly due to other factors that are mutual influences on both types of participation,

it is not unreasonable to think that association with people in church-related activities and organizations contributes to knowledge of other voluntary organizations; friendships in the church with persons who are members of other groups may lead to social participation in them (Moberg, 1965, p. 83).

Catholics show lower levels of organizational memberships, perhaps in part because friendship and "fellowship" are emphasized more in Protestant and Jewish congregations than in Catholic parishes. The faithfulness of church attendance itself has been attributed to the desire for sociability, especially as family members and friends move away, acquaintances die, and social contacts are reduced. Social isolation may be reduced by church participation:

The church offers the opportunity to socialize with peers in a socially approved milieu. Older members are treated with reasonable kindness in church affairs rather than the condescension sometimes encountered in "social group work" (Roemer, 1969, p. 90).

### 2. Self-Images and Personality

Self-images and personality apparently are influenced by religious orientations. A higher proportion of elderly than of younger adults say they are "a religious person." The teachings of Judaism and Christianity affirm the dignity and worth of the individual, and apparently this has a wholesome impact upon a substantial proportion of believers. Although some other doctrines also have negative consequences, such as accentuating feelings of guilt, religious beliefs and faith in God have helped disorganized geriatric patients overcome grief and cope with lonesomeness, unhappiness, and despondency (Wolff, 1959a).

### 3. Attitudes Toward Death

Attitudes toward death are influenced by religion. A sense of serenity and decreased fear of death tend to accompany conservative religious beliefs, possibly because death is viewed as a portal to immortality (Swenson, 1959, 1961; Jeffers *et al.*, 1961). Yet the affirmation that one is not afraid of death could be an expression of a neurotic personality which disguises death and pretends that it is not a basic condition of all life (Fulton, 1961) or of a need to control strong anxieties concerning death (Feifel, 1956).

A convinced belief in a future life by no means eradicates anxiety over death. . . . Religious belief is obviously relevant to dying people. . . . Those who had firm religious faith and attended their church weekly or frequently were most free of anxiety, only a fifth were apprehensive. The next most confident group, in which only a quarter were anxious, were those who had frankly said they had practically no faith. The tepid believers, who professed faith but made little outward observance of it, were more anxious to a significant extent (Hinton, 1967, pp. 38, 83; cf. Kuebler-Ross, 1969, p. 237).

Cultural efforts to deny death in contemporary funeral and burial practices and mourning customs accentuate the problems of dying and bereavement (Hall, 1967; Jones, 1967; Mitford, 1963; Yamamoto *et al.*, 1969). This may be why there apparently is greater fear of the process of dying than of death itself among a majority of the aging (Kuebler-Ross, 1969, p. 239). Fears also are associated more with what is left behind at death, the problems of survivors, and discontinuance of life on earth, especially if there is a feeling that life's responsibilities have not been fulfilled, than with death itself (Feaver and Boyd, 1970, p. 83). The greatest fear of all is of social isolation—desertion by friends, relatives, and other visitors, which has been referred to as the "bereavement of the dying" (Hinton, 1967, pp. 86-87; cf. Strauss, 1969; Swenson, 1961). Even the differences in attitudes toward death of the religiously faithful from those of nonreligious people may be due to a considerable extent to variations in their social integration (Treanton, 1961). The nonreligious are less likely to have a reference group that gives them social support and security.

The fear of death may be one reason why religiosity increases with age, but "Religion . . . seems to be most comforting and reassuring to those who come to it through faith rather than through fear of death" (Loether, 1967, p. 94; cf. Wolff, 1959b).

#### 4. Personal and Social Adjustment, Happiness, Morale, Feelings of Satisfaction

These feelings and adjustments are associated with religious attitudes and behavior. (The contradictory evidence on this subject apparently is due to divergent definitions of "the religious factor" and different indicators of its presence or absence.) Experimental designs controlling other factors linked with personal adjustment have revealed that church membership as such is not a primary variable but only a derivative of religious beliefs and participation in church activities which happen to be correlated with membership (Moberg, 1953; Moberg and Taves, 1965). Contrary evidence from Barron's (1961) New York City study may be a result of the manner in which the evidence was obtained (asking what provided the most satisfaction and comfort in life) or the sample, of which approximately three-fourths were Jews, in contrast to the predominance of Protestants and Catholics in most other studies.

The association of religion with purpose in life, at least for retired professors (Acuff and Allen, 1970, p. 127), may be part of the reason for the association of religious orientations and behavior with good morale and happiness in the later years of life. Another intervening variable that may be responsible for some of the relationship is family background:

There is some reason to believe that those raised in a psychologically secure family may find religious orthodoxy compatible, while those whose life experiences lead toward deviation will find it less compatible (Robb, 1968, p. 103).

It is possible that good personal adjustment is more a cause of conventional religious beliefs and activities than a result of them. This is not to say, however, that old age is seen by the elderly as the most satisfying time of life. On the contrary, it is seen by most as the least happy, with the one exception of finding it the most satisfactory for religious activity (Bromley, 1966, p. 87).



## 5. Humanitarian Programs, Service Activities, and Welfare Institutions

Religious motivations have contributed to humanitarian programs, service activities, and welfare institutions which serve the aging. The spiritual motivation of love that compels action to meet the numerous needs of the aging is greatly needed today (Flemming, 1969). The historical results of such motives in the past will be discussed briefly in Section IV.

### F. NEGATIVE AND DYSFUNCTIONAL CONSEQUENCES OF RELIGION

#### 1. Problems in and Related to the Church

Older people often experience problems in and related to the church. A sense of guilt may develop when they wish to die because of long training that such wishes are sinful (Kramer and Kramer, 1967). In the natural process of succession of leadership from one generation to the next, they may feel that they are being pushed aside by younger members, no longer respected and wanted for their wisdom, experience, and abilities. They may feel they ought not to participate if their financial resources prohibit them from making significant contributions or from dressing well. They may feel slighted and ignored. Many have difficulty attending religious services because of physical limitations or transportation costs. Some are unhappy with changes in the church and feel their opinions are ignored. These dissatisfactions may sometimes result from other problems of adjustment, but they certainly contribute to maladjustment for substantial numbers of people (Gray and Moberg, 1962, pp. 96-117).

In churches, as in other organizations and programs,

... Is it not possible that in our attempts to provide "busy time" for the elderly we are saying: " 'Poor soul' nothing to do; come play and pray with us." And in so doing we dramatize and institutionalize the very condition abhorred by the elderly, the condition of idleness and/or nonproductivity (Oakes, 1969b, p. 220).

The expectation by the elderly that they will be visited by a clergyman or other church representative when shut in or committed to a nursing home or hospital can have highly negative results if the expectation is not fulfilled. In a British study of the socially isolated, only 5.4 percent had seen their religious minister or vicar during the last week, but the majority of these were seen at a religious service or other church activity. There was little indication that the clergy detected need among old people and alerted the social services to the needs (Tunstall, 1966, pp. 217, 288-89; cf. Gorer, 1967, pp. 33-36). The frequent complaints by the elderly that they are ignored by the church do not always coincide with the actual situation, but the complaints are more often justifiable than not.

Some ill people become alarmed when a pastor or rabbi comes to visit, jumping to the conclusion that they are about to die. A clergyman who is too religious with a person who has lost most of his faith may also create more problems than he resolves (Alvarez, 1964). In one study of bereaved people requiring psychiatric treatment, one-fourth showed considerable animosity toward such persons as their doctor or clergyman.

The bereaved may make wild accusations that there has been neglect or reprehensible failure to diagnose a fatal disease until it is too late. It is a displaced anger, with the doctor providing a not altogether inappropriate target. . . . The displacement is more obvious when the priest is a target for criticism and the bereaved may even denounce God. Rather than turn to God when a loved one dies, a few turn away from him for if God can permit such a death to occur he will no longer be their God (Hinton, 1967, p. 169).



In the process of providing pastoral care for the elderly or the dying, the clergy are less likely to avoid the issue of impending death or other problems or to reveal hostility and displaced anger themselves than are other members of the helping professions. Yet Dr. Kuebler-Ross (1969, pp. 226, 227) indicates in recounting experiences in helping people minister to the needs of the dying:

... What amazed me ... was the number of clergy who felt quite comfortable using a prayer book or a chapter out of the Bible as the sole communication between them and the patients, thus avoiding listening to their needs and being exposed to questions they might be unable or unwilling to answer.

Many of them had visited innumerable very sick people but began for the first time, in the seminar, really to deal with the question of death and dying. They were very occupied with funeral procedures and their role during and after the funeral but had great difficulties in actually dealing with the dying person himself.

... It was in the course of repeated encounters that they began to understand their own reluctance in facing the conflicts and thus their use of the Bible, the relative, or the doctor's orders as an excuse or rationalization for their lack of involvement.

The neglect of the aging by ministers, priests, and rabbis is attributed by Maves and Cedarleaf (1949, pp. 27-29) to ignorance of demographic trends resulting in great increases in the numbers of aged people in the population; the false assumption that nothing can be done for them except make them comfortable until death or else that all they want is physical security; the commitment to work with children, youth, and young adults who are the church's future; the emotional relationships between the generations; fear of their own approaching later maturity; societal glorification of youth; and identification of beauty and aesthetic appeal solely with what is youthful.

In short, older people are the victims of a neglect which is more pervasive and widespread than is apparent at first glance. The causes of this reach back into the very patterns of our society. If there is to be a change we need first to recognize at full value the extent and causes of this neglect (Maves and Cedarleaf, 1949, p. 29; cf. Gray and Moberg, 1962, pp. 32-36).

## G. CONCLUSIONS

It is wise to remember that the very same activities that contribute to the spiritual well-being of most participants in religious groups may be dysfunctional for others. As in other social contexts, a high degree of relativity prevails because of the great diversity of personalities and social situations.

... Those who believe themselves to be incapable of extending their faith to receive the blessings promised by their religious leaders and sacred literature may be filled with despair that would not have been theirs had they never heard the promises. The person whose faith seems too little to be rewarded may languish in the fear that he is predestined to eternal damnation. In an effort to earn salvation he may submit himself to legalistic rules and regulations which make his own life and the lives of associates exceedingly miserable, or he may feel that he has committed an unpardonable sin (Moberg, 1970, p. 180).

Furthermore, the generalizations listed above all need qualifications of one sort or another. The current generation of older people may foreshadow the experience of the next, yet changes in our social system may bring significant differences as we begin to interpret work and leisure differently, cope with economic burdens more effectively, develop new methods and techniques for meeting spiritual needs, and in other ways adapt our social policies and services pertinent to aging (cf. Maddox, 1969, pp. 15-16).

Overlooked entirely in most gerontological considerations is the shifting religious mood. We hear of secularization, of the Death of God. But we also know of a post-World War II religious revival. Are those now becoming old, those who were heavily attracted to Billy Graham two decades ago? Has there not been a loss of the sense of tragedy in a secularizing, affluent America? Gerontologists have lots of research to conduct to treat these questions (Cain, 1968, p. 257).

As we have indicated in several instances above, statistical relationships, as of adjustment and religious behavior, are not necessarily reflections of true cause-effect relationships. Both may be effects of common causes, or the alleged effect may be the cause, to mention only two of several possibilities.

In general, we have found that ritualistic behaviour outside the home, the external or objective practices, tends to diminish during later maturity, while religious attitudes and feelings of a more personal and internalized sort apparently increase among those who acknowledge having some religion. The religious person may remain devout in spirit, his religious beliefs, feelings, and personal ritualistic practices like prayer becoming more intense even while his institutionally-oriented religious participation decreases. The extent to which the various dimensions and aspects of religiosity are intercorrelated is not yet fully known, but they are sufficiently independent to merit precautions against assuming what the totality of the religiosity of a person is on the basis of any single indicator.

Obviously, a great deal more research is needed to analyze these relationships. Such investigation should be linked more specifically with the development of gerontological theories and testing of alternative geriatric policies and practices than has been true of most research to date. It is probable that with concerted effort many aspects of the spiritual component of man's well-being which have been neglected in scientific investigation could be studied, at least to some extent. The correlates and consequences of spiritual experiences can be analyzed through self-reports and case studies of believers, investigation of man's propensity for seeking some kind of ultimate commitment or concern, and observation of the tests of validity of personal faith used by many religious groups in screening membership applications. Such data would be no "softer" than much of the content of other socio-psychological research (Moberg, Spring 1967; 1970, p. 186). In the meantime it is well to remember that "Many of the activities of younger years cease to be satisfying or available, but religious faith and practice have no age limit" (Beard, 1969, p. 4).



## IV. THE PRESENT SITUATION

In this section we shall survey some of the existing private and public programs that are oriented toward meeting the need for spiritual well-being and summarize some of their strengths and deficiencies. Because many of the programs which are consciously and specifically oriented toward including the satisfaction of spiritual needs are in or related to religious institutions, our discussion will be weighted heavily in the direction of them. This is not intended to imply that spiritual needs are not met in other institutions and programs.

Adult education programs, individual and group therapy in retirement homes and convalescent agencies, community centers for senior citizens, recreational and social activities, clubs, welfare agencies, and other associations, projects, and programs provide services which help to meet spiritual needs, but their focus usually is primarily upon other objectives. Further, many of the activities of organizations related to churches and synagogues fall primarily in a "nonspiritual" realm in terms of their basic orientation, so no neat and distinct line can be drawn between those programs which meet spiritual needs and those which do not.

### A. HISTORICAL BACKGROUND

The history of voluntary welfare services for the elderly dates back to monasteries and churches of the Middle Ages. Growing out of that heritage and the evangelical movement of the nineteenth century (Heasman, 1962), a large number of secular and religious bodies in Britain cooperate through local branches and innumerable independent local voluntary societies which provide a broad range of services. Cooperation is oriented toward comprehensive care. This is achieved through coordinating old people's welfare committees, which link the voluntary organizations together with each other and through consultative relationships with pertinent statutory bodies at all levels of government. Voluntary organizations continue, as in the past, to have a pioneering, innovative role (Bucke, 1967).

The linkage of welfare services with religious bodies has been less clear and distinct in the United States, although the modern welfare system has grown up out of charitable institutions and practices that originally were grounded in churches and in a Judeo-Christian ethic of charity. Many aspects of it are a product of a Protestant Ethic that gave a religious rationale to hard work, honesty, and avoidance of wastefulness under the assumptions that anyone who would work could provide for his and his family's needs and that work was available for all who wanted it.

The cracks in the rationale supporting private welfare as the sole means of meeting human needs which appear with the closing of the Western frontier at the end of the nineteenth century and the emergence of modern industrial—as distinct from agricultural—society, were irrevocably opened by the Great Depression in the 1930's. Yet even to this day many social workers operate on the basis of an "organization man value system for themselves, while expecting Protestant Ethic behavior from their clients" (Segalman, 1968), and the rank-and-file citizenry are even more inclined toward traditional pre-industrial types of values pertinent to welfare.

In Section II we indicated the chief policy recommendations about religion that were developed by the 1961 White House Conference on Aging. Six years later the Very Rev. Msgr. W. Suedkamp, Director of Charities for the Archdiocese of Detroit, who was heavily involved in the work of the Section on Religion, stated:

I question what the organized religious bodies have done with the main recommendation from our section; what has been accomplished these past ten



years toward bringing about an attitudinal change toward growing old, on the part of the youth of our nation, the middle-aged people and the aged themselves. This was to be our responsibility, and I seriously question if we have made any progress in this area (1967).

## **B. CHURCH PROGRAMS FOR THE AGING**

### **1. The Resources of Religious Institutions**

The resources of religious institutions for meeting spiritual needs of the aging are great. Theological and spiritual assets include doctrines which pertain to man's fate in this life and the next, and ethical commitment to serving others, an orienting perspective that puts all things and events into a meaningful frame of reference, and traditions of ministering to the needs of mankind. The physical buildings and equipment of churches provide a meeting place and locale that can be used to serve the aging without interfering with services to other age groups. Church personnel are oriented toward serving other people more than toward taking from them. Pastors and rabbis already are serving in the capacity of a central referral agent who can easily and quickly become informed of available services to meet the needs of the aging and can refer old people to these services in a manner acceptable to both clients and agencies (Robb, 1968, pp. 104-07, 116).

### **2. Conventional Activities and Services**

Conventional activities and services of religious bodies have contributed directly to the promotion of man's spiritual well-being. Worship, rituals, symbolism, socialization opportunities, religious education, and, perhaps most of all, pastoral care (counseling, confession, prayer, referrals to community agencies, moral support, etc.) have served this need. As we have noted earlier in this paper, older people participate more in church life than in all other types of social organizations together. They turn to their minister, priest, or rabbi for counsel and support in times of major crises related to illness and developmental turning points in the life cycle. The majority even of those who lack active membership in a church are culturally conditioned to turn to a clergyman for funeral services when they have been bereaved. The traditional religious orientation that a long life is a sign of God's favor and scriptural admonitions to honor the aged are a part of the current heritage of America's religious faiths. Nevertheless, in their conventionalized activities to meet man's needs for spiritual well-being, most churches have done little specifically to confront the unique needs of the aging except as these are covered by other generalized activities:

Among the means whereby the church provides this sustaining relationship between man and man, and between man and God, thus a sense of value beyond mere existence, are: the celebration of common worship; the fellowship of service and of social events; the capturing of mankind's early beginnings and searchings for truth through study; individual and corporate communion through prayer; the counsel and support of the priest, rabbi, or pastor; and the inspiration of the proclaimed word. Each move is designed to make possible a better personal and social life in the world in a context of acceptance of every person as he is.

... In such a fellowship the older person is offered a place of usefulness, of recognition, of responsibility, of warm reception, and of support of waning egos (Stafford, 1970, p. 77).

Providing ministries of these kinds is commonly interpreted as adequate service to meet the needs of the aging. As a result, the unique needs of old people tend to be overlooked in the typical church. In addition, as indicated earlier in this paper, biases on the part of the

professional and lay leaders in religious bodies reflect their personal fears of aging, stereotyped ideas about the nature and characteristics of the aged, and false assumptions about the needs of older people. These biases interfere with the establishment and fulfillment of plans to meet the relatively specialized needs of people in their later maturity. It is the writer's opinion that the declining strength of many religious bodies is partly due to ignoring the elderly and other minorities, and if so, this subject is one aspect of a much greater problem of contemporary churches.

Despite the fact that many churches tend to ignore the special needs of the aging and devote more attention to young adults, youth, and children, numerous specialized programs and projects have been initiated. These can be viewed as demonstrations of potentialities for service that are worthy of consideration by all religious bodies. Some of them are most appropriately sponsored on the denominational or diocesan level and others on an interdenominational or ecumenical community basis. But the majority of these programs are pertinent primarily on the congregational or parish level. When the older person thinks of "church" or "religion," he most often thinks in terms of the local agency of his religious faith more than of larger and more remote organizational units of it, so it is there that the greatest opportunity and need reside.

### 3. Agencies and Institutions

Religious organizations have helped to establish and maintain specialized agencies and institutions to serve the aging. These include:

- (1) Retirement homes (Wahlstrom, 1953; Christison, 1970).
- (2) Hospitals.
- (3) Convalescent and nursing-care homes.
- (4) Retirement centers or "villages" (Christison, 1970).
- (5) Senior citizen centers (Moseley, 1968, pp. 74-76; Administration on Aging, September 1968).
- (6) Housing programs (Moseley, 1968, pp. 61-74; Administration on Aging, April 1968).
- (7) Sheltered workshops.

Most service projects of these types have been sponsored by groups larger than a local parish or congregation, either within a denomination, or cutting across denominational lines in cooperative interfaith programs. (To discuss the technicalities of how to establish such programs and even to list the specific ones that have been built with official or unofficial church sponsorship would constitute far too great a task and consume too much space to be pertinent in this paper, but a few key references are included as a beginning point for readers who wish to investigate the subject further.)

### 4. Service Programs

Within the normal operations of parishes and congregations are numerous service programs for the aging, including the following types:

- (1) Weekly religious education programs to study the Bible, church history, the relevance of faith to daily life, and other subjects (Culver, 1961, pp. 42-57).
- (2) Specialized continuing education programs ("Oklahoma Adult Education," 1970).
- (3) Clubs or centers with regular creative and social activities for the aging (Seattle's Columbia Club, 1970; Stough, 1965; Dept. of Adult Program, 1957, pp. 23-28; Pattie, 1965; Stafford, 1967).

- (4) Counseling, guidance, and referral services (Brown, 1964).
- (5) Summer camping programs and other retreats.

## 5. Volunteer Service Projects

Volunteer service projects both serve and give an opportunity to many older people to be of service to others. Examples of the kinds of services provided by church groups, frequently in cooperation with others in the community and sometimes with a paid or part-time staff, are the following:

- (1) Friendly visiting of homebound, hospitalized, other institutionalized, and isolated people (Goodling, 1967).
- (2) Telephone reassurance programs.
- (3) Homemaker, home aide, or home health services.
- (4) Meals-on-wheels.
- (5) Bringing religious services to the homebound by tape recordings or direct telephone line.
- (6) Transportation services, including dial-a-ride pools.
- (7) Programs by gospel teams, musical ensembles, choirs, and other groups for institutionalized elderly.
- (8) Comprehensive volunteer services in hospitals and other institutions ("SERVE Volunteers," 1970).
- (9) Adopt-a-Grandparent programs.

## 6. Opportunities for Service

Churches can give older members opportunities for service. When they are given adequate leadership, screening for assignments, and suitable preparation, churches can help to provide volunteer services of the kinds mentioned above for the aging and other people. Such services would maintain church properties, assist with clerical work, work with children's and youth groups, serve on a "telephone brigade" when special announcements are needed, take care of the church library, represent the church in community programs and inter-church projects, and fulfill numerous other responsibilities related to the church and its programs (Gray and Moberg, 1962, pp. 137-44).

The church also can cooperate with or encourage enlisting in volunteer service programs of other agencies and institutions. Examples of these are VISTA, the Peace Corps, Foster Grandparents, Head Start, Late Start, Operation Green Thumb, home health aides, Senior Service Corps, International Executive Service Corps, SERVE, Second Careers Institute, Medicare Alert, and Project Find (Hanson, 1969; "SERVE Volunteers," 1970).

The volunteer service programs of SERVE (Serve and Enrich Retirement by Volunteer Service) demonstrate that it is possible to get older people to volunteer for programs that provide valuable services ("SERVE's Success," 1968).

When disability or disease prevents giving other services,

Even when they are personally disabled, they can continue to serve through praying for others, maintaining a wholesome perspective on themselves and their problems, and thus giving satisfactions and cheer to people who serve and visit them. . . .

Service for others and service from others are thus complementary. When offered within a wholesome framework of attitudes and objectives, each helps to improve the effectiveness and efficiency of the other. He who gives the most to his fellowmen is also he who receives the most from them (Moberg, 1970, p. 190).



## 7. Educational Programs

Religious bodies can offer educational programs for their own staffs and for others in the communities they serve. Their regular religious education programs for people of all ages can and ought to include corrections of stereotypes about the aged, development of wholesome perspectives toward aging, preparation for retirement (a process that begins very early in life), provision of a wholesome outlook on life and the future among the elderly, and cultivation of attitudes at all ages that will help to bridge the generation gap (cf. Gray and Moberg, 1962, pp. 122-27).

Too often, education of the clergy overlooks the special needs of the aging and elderly. Unless attention is given to this subject, it is assumed that there are no differences between them and other adults. In the ultimate sense that is true, but on a more practical and immediate level it can be pointed out that a large proportion of the pastoral ministries of the average clergyman is devoted to the aged and problems pertaining to them. Many older people are facing crises more severe than any with which they have been confronted since adolescence and early adulthood. Misleading folklore about the aged and the aging process needs to be corrected and its subtle influence on the clergyman himself overcome. The fulfillment of Judeo-Christian ethics demands attention to aging in theological education. Clinical pastoral training, units on the aging within pertinent courses already in the curriculum, and other educational experiences can be incorporated into the professional preparation of the clergy (Moberg, June 1970). Continuing education programs similarly can help to improve the quality of pastoral ministries of those who are already clergymen (Report of Career Enrichment Program, 1967).

### C. COMMUNITY AND GOVERNMENTAL PROGRAMS

Many of the activities and projects mentioned above represent programs that cut across various types of community services. Comprehensive civic projects cannot be limited to one sponsor or one faith of recipients if they are to fulfill their goals. When they aim to minister to "the whole man," they must include numerous types of needs besides the spiritual—and similarly they cannot include the whole man without giving attention to his spiritual well-being. Nevertheless, it would be superfluous to attempt to cover all types of programs and projects in this paper, so we shall focus upon those that pertain to cooperation with the agencies conventionally designated for and expected to provide spiritual needs.

Coordination of community programs and services for the aging is greatly needed in most cities and counties. When people in need are unaware of services available to meet their need, their spiritual well-being suffers regardless of its specific nature. The infrequency of referrals of emotionally disturbed persons from clergymen and general medical practitioners to psychiatrists may be due in part to the infrequency of reports back from mental specialists when referrals are made (Piedmont, 1968). There is great need for public education to support the discharge of geriatric patients back into the community, even if it may first or always involve use of some type of half-way facility. Without such education the rehabilitation of older patients will continue to lag (Hyams, 1969).

Project FIND (1970) discovered that the "services to enhance life"—friendly visiting, senior centers and clubs which reduce loneliness and stimulate social relationships, help with shopping and transportation, adult education opportunities, and specialized library service—were the most spotty of all. Their availability in a community seems to depend upon the energy and initiative of a few persons and are seldom realized as part of an overall community program of services (Project FIND, 1970, p. 112). By pioneering in specialized areas of need like this and remaining in the context of coordinated cooperative services, churches may be enabled to make their most significant contribution.

Chaplaincy services and spiritual counseling by clergymen for patients and residents of community institutions have a long history, and they are increasingly formalized by paid positions within the institutions themselves. Such services in governmental agencies have sometimes been attacked as a violation of the principle of separation of church and state, but today they generally are seen as means by which the religious liberties of their residents may be maintained.

#### **D. DEFICIENCIES OF PRESENT PROGRAMS**

Nearly every specific situation will deviate from the general picture of both services and deficiencies as described in this paper. Yet it is still possible to generalize about these programs and the communities they are to serve. In spite of the large number of services that are already being offered for the aging, the typical community gives evidence of numerous gaps.

##### **1. Lack of Comprehensive Programs**

Most communities lack comprehensive programs of services to the aging which coordinate the spiritual ministries of religious institutions with other areas of human concern. Rarely does one find a program of comprehensive coordinated services that includes efforts to meet all needs, including the spiritual, in an integrated program.

##### **2. Duplication of Effort**

Duplication of effort is common. Service programs are sometimes established by churches "for the community" because some other church has already set up a similar program, so they feel compelled to keep up with their ecclesiastical neighbors. Churches "need to guard against duplicating what is already being done by the community" (Ohio Division, 1969, p. 21).

##### **3. Shortage of Trained Personnel**

There is a shortage of trained personnel. Since no program can be better than the people who administer it, there are serious deficiencies in many specialized projects, institutions, and programs. Most of the clergy have a deficient educational background for their services to, with, and for the aging. The "selling job" of getting the clergy to provide spiritual care to their parishioners and to patients in nursing homes and other residential treatment centers is especially difficult because they are "ostensibly committed and dedicated to working with people and their problems" (Routh, 1970, p. 3).

Personnel to direct special centers, housing projects, retirement homes, social service programs, and other geriatric services are in short supply. The custom of far too many church groups has been to place a prematurely retired clergyman in charge of such specialized services on the assumption that his love for mankind, personal piety, and desire to serve are adequate qualifications.

##### **4. "Charities" That Don't Serve the Poor**

Church sponsored "charities" may fail to serve the poor, reaching only middle and upper-middle class people. This is an especially important problem in the major Protestant denominations, which tend to be dominated by middle class people. In many instances there has been a genuine intention to establish a program to serve all classes of people, but the relatively small number of lower class constituents, their lack of leadership, and the conspiracy of mounting costs combine to prohibit extending services to the victims of poverty. Even when



there is no economic barrier, large numbers of poor people fail to learn about services available to them, as was demonstrated in the Project FIND (1970) study. This limitation also applies to noncharitable, but free programs, like church activities. The poor are less likely to be involved in these as well. To make its opportunity truly community wide, a church must extend itself far beyond its own members.

## 5. Ulterior Motives

Ulterior motives may characterize some projects established ostensibly to provide services for the aging. Churches may seek thus to get larger donations, more members, publicity, or other benefits. Individuals who contribute may actually use "those unfortunate people" to satisfy their personal desire for a sense of superiority. Persons may enter the helping professions because of personality deficiencies or problems of social relationships which they believe will be resolved by studying how to satisfy the needs of others.

## 6. Exploitation of the Aging

Closely related is exploitation of the aging. Charitable and religious ventures of honest preachers who take "love offerings" and "voluntary freewill gifts" from their mass media audiences cannot be differentiated by the average person from those of unethical persons who use the same techniques with only fly-by-night service projects or "paper tiger" organizations. There is no "Consumer's Guide to Charitable and Religious Ventures" to help victims avoid being fleeced. When traveling "evangelists" or others are discovered to be cheaters, technicalities of the law or the fear of unpleasant consequences prevent prosecution and publicity which presumably could help to reduce the incidence of such abuses in the future. A question remains, how can the public be protected without hampering valid innovative projects and honest religious programs?

## 7. Concentration on Institutional Services

Concentration on institutional services to the aging is typical among churches. Their special outreach tends to be limited to financial support of a retirement home and ministries to nursing home patients. The majority—about 95 percent—of the aged reside outside of such institutions, however, so the greatest needs are for ministries to those who live in the community.

There has been a very strong trend over the past half century away from institutional care for dependent children, and toward services in foster homes and the community at large for dependent children. Much more attention is needed to similar services for the aging (Coughlin, 1969). Why can they not live in foster homes as well? Why must they be institutionalized as soon as even a small degree of specialized care becomes necessary? Why should they not receive home care services and thus avoid the high costs of institutionalization and receive the spiritual and psychological satisfaction of continuing to reside in their home communities? Should not the churches be pioneers in such services, even as they have pioneered other beneficial innovations in the past? Even as community treatment of the mentally ill, problem children, criminal offenders, orphans, and children of unmarried or divorced mothers is more effective than placing all in institutions, expansion of community services for the elderly may prove highly beneficial to their well-being.

## 8. Limitations on Freedom of Choice

Freedom of choice is limited for too many aging people. Programs are planned for them instead of with them. They are given an opportunity to receive but not to give. When they are in an institutional context, they are free only to say "Yes" or "No" to the limited



spiritual services provided (if any are provided at all) and may find it difficult to get the religious rites and pastoral care of their own faith. Similarly, if their only choice when ill is to remain at home without any special services or enter a nursing home or hospital, when home health care services could have made it possible for them to remain in the community, they have been constricted to an unfair decision that is demeaning and detrimental regardless of which choice they make. Similar constrictions of choice also result from limitations of transportation due to limited income, which may prevent the aged from attending the worship services of their first choice.

#### 9. Omission of "the Religious Factor "

"The religious factor" often is omitted from public agencies and programs, thus making it difficult to provide a well-rounded program serving the spiritual well-being of clients. Residential and health care programs and research may lack recognition of the spiritual because of traditional American concepts of separation of church and state. While there must be safeguards to prevent abuse of public funds for sectarian gain, there must also be safeguards to guarantee true religious liberty to the people served by such programs.

#### 10. Overlooking of Spiritual Needs by Churches

Churches may overlook spiritual needs as they become aware of other problems of the aging and initiate projects to deal with them. If religious bodies evade this responsibility, who else will fulfill it?

#### 11. "Institutionless Religion "

The spread of "institutionless religion" in the form of "underground churches," cell groups, and other developments may create significant problems. As major religious bodies decline in size and financial support, the question arises whether they can continue to provide services to meet the spiritual needs of the aging. Can spiritual life be nurtured and sustained apart from some form of religious institution, it may be asked. If so, how? If not, should steps be taken to prevent religious institutions from declining? How long will noninstitutionalized religious orientations endure if they do not result in new institutional structures? Perhaps concepts of the "gathered church" to which people come for worship, inspiration, and instruction and the "scattered church" of which they are a part most of the week can provide a mediating role.

#### 12. Misunderstanding the Church's Nature

Misunderstandings of the nature of the church cause difficulty both within religious bodies and in their relationships to other institutions. Christians frequently refer to "the church universal" as if it is an institutional agency, but in reality the "institutional church" is the only tangibly observable focus of human action. Made up of people, it is a very earthy organization, but it also is a "a multifaceted agency, doing some things uniquely and some things that other agencies also do" (Hammond, 1969, p. 313). Made up of hundreds of denominational units and thousands of local congregations and parishes, the church is a very pluralistic and widely diffused social institution (Moberg, 1962). It cannot be treated as a unit. Rather, its local and denominational branches must all be considered as separate units, although interlocking in various manners and degrees.

### 13. Lack of Preventive Components

Most programs lack preventive components and deal instead with problems after they have risen to the level of awareness. There is a need for spiritual ministries oriented to helping people so that problems of alienation, lack of life goals, meaninglessness, and other forms of spiritual malaise can be prevented. Churches assume that this is what they are doing all the time, but they make little or no effort to evaluate whether or not they achieve that goal. Preparation for retirement, day care centers, and other supportive services to enable older persons to maintain themselves independently in their homes and communities as long as possible are other aspects of preventive care which tend to be underdeveloped (Maletta, 1969). Bringing youth into closer association with the aged could, in this author's opinion, help considerably to overcome many false conceptions and to improve social relationships across the generation gap.

### 14. Accentuation of Problems by Church Programs and Personnel

Church programs and personnel may accentuate problems among the recipients of their services. We have already noted that unresolved guilt feelings may result from religious teachings, that clergymen may use their rituals to avoid listening to people's problems, and that many older people feel they are being squeezed out or discriminated against in their churches. The increasing popularity of the concept of "spiritual healing" in recent years has also created difficulty when clergy or laymen who believe they have been given the power to heal a hospital patient by the "laying on of hands" or anointing with oil have soiled the bandages over fresh surgery or have placed unclean hands on third degree burns.

The frequency of visits by a minister to a hospital or nursing home patient may also lead to anxiety or comprise a self-fulfilling prediction that the patient is about to die.

The vicious circle of noting the frequency of his visits—which causes depression and introversion—which causes lack of appetite and loss of sleep—which causes the patient to appear, and actually to become, weaker, which causes the minister to determine to visit more often—may well have shortened the lives of many patients by months or even years (McKewin, n.d., p. 7).

### 15. Lack of Strategy

The lack of strategy may be the greatest deficiency of all, for it encompasses most, if not all, of the others. The development of a strategy will confront questions of whether it is more desirable to integrate the aging into regular programs aimed at promoting spiritual well-being or to segregate them into activities specifically designed to meet their needs. The controversy over the disengagement (Cumming and Henry, 1961) versus the activity theory (Rose, 1965) of aging and their implications for action becomes an aspect of this question for which there is no clear empirically demonstrated answer (Mobery, 1965). Another facet involves the tensions between instrumental and expressive orientations to religious activities (Hammond, 1969, pp. 303, 314-19).

Clear elaboration of goals, a survey of older persons in the congregation and community and of their needs, discovery of means for meeting those needs through existing agencies and programs, identification of remaining gaps in services and of corresponding resources available, and mobilization of resources for systematic action are among the elements necessary as a basis for developing systematic and coordinated church programs to meet the spiritual and other needs of the aging.

When an adequate strategy based upon a rationale that is clearly linked with an organization's ideology has been developed, choices about specific alternative means and goals

can be made systematically and consistently. Then all of the needs of the whole man in the totality of his relationships will be met, for

... The truth is that man's vertical relationship, God-to-man, and man's horizontal relationship, man-to-man, are all of one piece. Another premise in our approach to the aging is that the individual is always individual-in-community. A concern for the individual implies a concern for his community and his environment. In modern society the community-as-a-whole is needed to enable the older person to maintain his rights, to retain mastery, and therefore, to develop his potential. . . .

[It] is the responsibility of a religious group to develop social awareness and to stimulate social responsibility. This is the religious group becoming a catalyst, helping to develop a social climate, and engaging in social action (Monk, 1966, pp. 37,38).



## V. ISSUES

This presentation of issues related to spiritual well-being is based upon several assumptions:

(1) Man is a whole being who can be taken apart only for analytical purposes. Therefore, whatever affects his welfare in regard to health, income, housing, education, employment, transportation, nutrition, roles, and activities will also affect his spiritual welfare. Those subjects are covered in other background papers, so our attention will not be focused upon them. However, this should not be interpreted as implying that such subjects are irrelevant to spiritual well-being.

(2) The financial status of the aging is significantly related to spiritual well-being. An adequate income is essential, among other things, in order to provide transportation and meet the other expenses necessary for active involvement in the religious groups which nourish the faith and restore the spirit of many people. We recognize, of course, that an understanding of how to use income is just as essential as the income itself, that some people with strong inner resources or physical handicaps are better off remaining at home instead of going outside it, that it is not necessary for all older people to be directly involved in formal groups in order to be well-adjusted spiritually, and that spiritual well-being is not an automatic result of having adequate financial resources. (Numerous wealthy people have poor spiritual health and few spiritual resources, while many of the poor are rich in spirit.) Nevertheless, important resources for sustaining and improving spiritual well-being are unavailable to people who live in or on the brink of poverty. We are assuming that the important subject of income maintenance during retirement will be dealt with adequately in our society.

(3) Senior citizens who are in good spiritual health do not need as much special concern as those who lack spiritual well-being. Services for the five percent who are institutionalized are important; many of them have proportionately greater needs than most of the 95 percent who live "independently" in the community. Nevertheless, the greatest need, quantitatively speaking, may be for outreach programs to find isolated older people who are frustrated, frightened, and spiritually impoverished in other ways. We therefore assume that the mechanism by which spiritual needs can be met must not be limited either to those who are institutionalized or to those who reside elsewhere, but must include all.

(4) Organizationally speaking, care for spiritual well-being has been allocated by our society primarily to religious institutions. Although the family, cultural and recreational organizations, and many other associations also contribute to spiritual nurture, we will assume that religious bodies are the most significant institutional focus for attention in efforts to promote spiritual welfare.

(5) Freedom of choice should be maximized in all efforts to help the aging meet their needs for spiritual well-being. Viable alternatives should be placed before them, not rigid programs which allow no choice. The fact that the aged display a broad range of personal differences both in needs and past experiences confirms the importance of providing them with diverse opportunities for meeting spiritual needs.

(6) Spiritual well-being is a lifelong pursuit. Its development begins in childhood. The benefits of good spiritual health and the detriments of spiritual illness during the earlier years are reflected in the later years of life, but continued spiritual growth is possible throughout the entire life span. Therefore, every reasonable effort should be made to encourage such growth during old age as well as in the earlier developmental stages of life.

(7) Research is needed on all aspects of spiritual well-being. We need a clearer understanding of its nature and scope, the influences that promote and hinder spiritual growth and development, the conditions and manner in which adversity and prosperity stimulate and retard spiritual well-being, relationships between spiritual and other inner resources, and a large range of additional topics besides those to which references are made in the discussion that follows. As a highly underdeveloped field of social and behavioral science research which cuts across all the other areas of human need, this subject deserves thorough research attention and extensive financial as well as moral support.

Given these seven assumptions and the goal of establishing policies to promote the spiritual well-being of the aging and elderly, four basic issues demand resolution. They pertain to (1) governmental cooperation with religious bodies and other private agencies for the purpose of promoting spiritual well-being, (2) whether spiritual needs of the aging are met best in separate groups and programs in contrast to those which are for people of all ages, (3) the proper scope of social involvement by religious organizations, and (4) whether or not there can be a "Declaration of the Universal Spiritual Rights of the Aging" to serve as a guide to concerted action on behalf of the well-being of older people.

#### *Issue 1.*

**Should government cooperate with religious bodies and other private agencies to help meet the need of the elderly for spiritual well-being? Or, should this function be kept entirely as the responsibility of religious institutions?**

The Constitution of the United States establishes the principles of separation of church and state and religious liberty in the First Amendment, which includes these words: "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof . . . ." Contrasting interpretations of this Amendment and of related provisions in State constitutions are related to contrasting positions on the issue of governmental cooperation with religious groups to promote the spiritual well-being of the aging.

The principle of separation of church and state is emphasized by those who say that government should in no way lend its support to religious institutions. They believe that such assistance aids sectarian causes and is a step toward establishing a religion. They charge that cooperative activities would inevitably and irrevocably constitute support by government to Protestant, Catholic, Orthodox, Mormon, Jewish, or other faiths.

The contrary position contends that governmental support would be for the spiritual well-being of individuals, not for the benefit of religious institutions as such. Its advocates believe that focusing upon the spiritual needs of persons in such cooperative programs will prevent abuses. Yet questions arise as to whether complete impartiality and justice to all religious groups would be possible if governmental funds were dispensed through them. It also is conceivable that tax-supported programs in churches eventually could lead to dependence on such funds for survival.

The position that favors cooperation of government with religious bodies to meet the need for spiritual well-being is supported by the belief that government should take an active



rather than merely a passive role in protecting the free exercise of religion. It is argued that elderly persons who reside in institutions because of their illness or frailties should be given access to the help of professional religious leaders, just as the government provides for chaplains in prisons and the military services in order to give spiritual benefits to people who are isolated from normal opportunities for religious worship and spiritual counsel. A basic question posed by this issue is whether government has any specific responsibility for the spiritual well-being of its citizens and, if so, whether its responsibility extends to all or only to those in agencies and institutions which receive governmental aid. When financial assistance is given by government for the establishment or construction of institutional facilities to care for the aging or for the payment of care through Medicare and Medicaid, has it a responsibility also for making certain that spiritual as well as physical needs of those who use such services are met?

Similarly, it is held that churches have resources which could be used by the government to enhance the welfare of older people, and government has financial and other resources that could assist the churches. For example, opportunities for research on spiritual problems of the elderly could be extended to scholars in theological schools. Currently the situation is otherwise; in spite of the increasing cooperation of theology with public universities and with each other through consortia which cut across sectarian lines, such schools generally are excluded from eligibility for Federal research grants. As a result, their scholars, who are among those most capable of studying the various components of spiritual well-being of the aging, are deprived of support from public research funds. Cooperation between the government and religious bodies would help to correct that deficiency.

Others, however, oppose governmental cooperation with religious bodies in order to promote spiritual well-being on the grounds that it would result in political encroachment upon the right of religious bodies to guide the spiritual lives of individuals and the nation. The integrity and independence of churches would be threatened if government laid down certain conditions for, or standards of cooperation. But those who advocate cooperation argue that leaving the implementation of cooperative programs entirely in the hands of religious institutions will avert the danger of making government become a judge of religious values and practices.

Those who support governmental cooperation with religious groups to promote spiritual well-being argue that neither government nor the church need dominate or dictate to the other; each can retain its own distinctive role. In our pluralistic society divergent religious groups must live side by side and lend their resources to each other in order to preserve and enhance human values, including those of spiritual well-being. If standards for specific programs of cooperation are not acceptable to one party or the other, there would not need to be any compulsion to enter into a compromising relationship.

*In summary*, those who take the position that the responsibility for spiritual well-being resides solely in religious bodies emphasize the need to sustain the separation of church and state and the possibility that cooperation would violate the constitutional prohibition of any law respecting an establishment of religion. They also indicate the government's difficulty, if not impossibility, of being completely impartial and just to all religious bodies if cooperative programs are established, and they fear governmental control over activities of the churches.

Those who believe that government should cooperate with religious bodies to help meet the need for spiritual well-being of the elderly hold that the responsibility of government to promote the general welfare includes a need to protect the free exercise of religion actively as well as passively—thus necessitating governmental support of spiritual activities and religious personnel, especially in institutions and programs for the aging which are supported in whole or in part by government funds. They believe that such cooperation would not involve compromise by either party and that the focus of such efforts would be upon the welfare of persons, not the welfare of religious institutions.



The validity of the respective arguments for and against cooperation between the church and the state in meeting spiritual needs of the elderly must be resolved in order to define a policy that will prove the most beneficial to the aging and the elderly.

*Issue 2.*

**Should efforts to meet the spiritual needs of the aging aim to serve them in separate groups and programs designed specifically for the aging? Or, should they attempt to serve the elderly together with people of other ages?**

Religious institutions generally assume that whatever is available to serve "everybody" will adequately serve the needs of the aged. Is this a valid assumption? Do the elderly have spiritual needs that are neglected when religious bodies maintain only generalized programs for all ages?

At the other extreme are nursing homes and other residential facilities which are "total institutions" (Goffman, 1961) with all of their specialized characteristics, limitations upon human freedom, and other problems. Is any policy, other than segregated efforts to meet spiritual needs, possible for people who reside in them? When senior citizens are separated into specialized groups in their religious institutions, they may become singled out and segregated from others. This may result in heightened awareness of their common interests, cliquish behavior and attitudes, and increased barriers between the generations, out of which may emerge a relatively segregated subculture of the aging (Moberg, 1965; Rose, 1965).

It thus appears that each policy has possible flaws. Is a middle-of-the-road position with some activities integrated and some specialized the best solution? The experimental program of psychiatric hospitalization of husbands and wives together at the Menninger Foundation suggests the wisdom of "relative segregation," which provides some activities with only older people and some with people of other ages (Thompson and Chen, 1966). Do its results apply to non-therapeutic programs? Are the specialized Bible classes, day centers, golden age clubs, and other activities of churches for the aging examples of undesirable segregation? And do the activities of candy-stripers, visits by grandchildren, and dining rooms which are open to visiting relatives in homes for the aged constitute a wholesome form of integration of the age groups?

Does the separation of the elderly into their own age groups enhance or decrease their spiritual well-being? What is the relative impact of segregating the aged from others in church programs in contrast to integrating all ages? Is it a form of *de facto* discrimination that contributes to the tensions and conflicts between the generations? What impact does it have upon fulfilling the spiritual needs of the aging? Research and demonstration projects to test the effectiveness of each possibility under reasonably controlled conditions might help to answer these questions. Evaluation research analyzing natural situations in which each of the alternative policies prevails could also help to answer them.

A parallel question also deserves some attention. Is the integration of spiritual perspectives into all programs of education and service for the aging a superior approach—based on the criterion of the spiritual well-being of recipients and providers of the services—than segregation of the aging into specialized programs focusing specifically upon "the spiritual"? How and by whom may educational and other services which include an acknowledged spiritual component for the aging be provided?

Since sheer proximity of the generations does not in itself foster social interaction (Rosow, 1967), does it matter whether segregation or integration becomes the general policy? Are older people more likely to be lonely even while in the crowd of church-attenders if the policy of segregation prevails? Are they more likely to disengage from spiritually meaningful and rewarding social roles in their religious bodies if integration of the age groups is the policy? Which policy has the more wholesome impact upon attitudes of youth, young adults, and the middle-aged toward the elderly?

### *Issue 3.*

**Should religious organizations restrict their concern to the spiritual sphere? Or, should they be concerned with both spiritual and social concerns?**

We indicated earlier that the "spiritual" aspect of man's well-being overlaps with all other aspects of his life and cannot be restricted arbitrarily to any narrow context. Since churches are the primary institutions that work on spiritual needs, their teachings tend to sweep across all other aspects of life. This is especially true as they provide a *Weltanschauung* (worldview) and a philosophical orientation on the basis of which the totality of existence is interpreted, both internal and external to the person and future as well as past and present.

A current controversy in many churches today is between advocates of the role of religion as a source of comfort to the individual believer and those who stress religious ethics as a stimulus to action in coping with the problems of society (Glock, Ringer, and Babbie, 1967; Hadden, 1969). Services to the aging can easily become another battleground in that war unless a balanced program of action can somehow win over advocates of both camps. But is that possible? Under what conditions? Is it better for churches to emphasize their roles of preaching and teaching, leaving direct social action aimed at coping with social problems and eliminating social injustice entirely in the hands of their members as individuals? Or is it necessary for them to become directly involved in social action as institutions?

If a church specializes in serving the needs of older people for nutrition, supportive volunteer services to maintain people in their homes, psychological counseling, social services, recreational programs, retirement preparation, group-work services, and health care—has it ceased being a church and become a social agency? Or is that precisely what churches as churches ought to do?

Obviously, the question of what "ought" to be done or not done in religious bodies gets us deeply into an area of theology which cannot be resolved by those who stand outside the boundaries of a specific group. Work on a theology of aging, a theology of the church, and a theology of serving should progress much more rapidly and much further within each faith and each of its theological schools of thought than it has in the past. Comparisons of the conclusions and their implications then should be made across the faith boundaries to determine whether or not there are common elements in all religious groups. Such work will not progress very far without adequate support from religious bodies and other agencies concerned with this issue, but the primary locus of such studies is likely to be theological schools and universities with theological departments.

If the church gives up the ministries conventionally labeled as spiritual, will any other agency fill the gap? It is not the role of government, public schools, or other institutions. If churches abdicate this role, it is probable that commercialized services would be developed with more concern for making money than for truly altruistic purposes. The church is known today as an institution which provides many services for the elderly. Are the flaws of church neglect of the aged so serious that it can afford to jeopardize other values by efforts to correct past mistakes?

### *Issue 4.*

**Should religious bodies working together determine and declare the spiritual rights of older people? Or, should such philosophies continue to be the responsibility of the various religious bodies?**

If a "Declaration of the Universal Spiritual Rights of the Aging" were prepared, it would contribute to the development of a national philosophy of aging. Cooperation of the various religious bodies in developing a nonsectarian philosophy would contribute to popular acceptance of the declaration as a foundation for public action. Emphasis upon the spiritual



dimension would insure that the philosophy covers all aspects of the whole man—not only those aspects that are physical, material, and intellectual. A truly universal declaration should be the product of joint efforts by theologians, philosophers, social and behavioral scientists, and members of the helping professions representing all organizational branches of Protestantism, Catholicism, Orthodoxy, Judaism, and the other religious bodies in the United States.

The alternative is to perpetuate the present diversity of opinions which flow from the separatistic approaches that prevail as each group develops its own theological and philosophical perspectives. This may be more reasonable because such great variations prevail between the theological and philosophical schools of thought which are found both within and between the major religious faiths. Efforts to work together to develop a universal declaration of spiritual rights could consume a generation of time and vast amounts of effort and fiscal resources. It also would be very difficult to determine what public or private group should convene representatives from the various religions to undertake such a profound task.

One of the leading functions of religious bodies for society is to lead in the formulation, development, and modification of values. Since spiritual well-being cuts across all other aspects of human welfare, including the need for income, health, housing, employment, education, transportation, nutrition, and roles and activities—identification of the universal spiritual rights of older people would contribute to all the other areas of human need. The development of a universal declaration of spiritual rights, therefore, would constitute a major contribution to spiritual leadership in our pluralistic society, a society which professes in its Pledge of Allegiance to be "one nation under God."

On the other hand, the attempt to produce such a declaration might actually result in further splintering of the religious bodies because sharp disagreements could emerge out of the divergent theological and philosophical positions held within and between them. Such schisms probably are felt most keenly by those who have been in these groups the longest, so they could contribute to more spiritual ill-being than health among the elderly. It therefore may be wise not to risk the possible controversies that could spring from attempts to develop a universal declaration of spiritual rights.

A major argument in favor of a cooperative declaration of the spiritual rights of older people is the impact it would have upon the protection of such rights. It could be used to clarify and test the ways in which each of the respective rights is or is not being fulfilled in specific situations. It would reveal programs, practices, and policies which violate, as well as those which fulfill, man's spiritual rights. Thus it could serve as a set of criteria for evaluative efforts to measure the relative status of spiritual well- or ill-being of older people.

But for that very reason, such a declaration might infringe to some degree upon the liberty of religious bodies, putting them under social pressures to acquiesce to practices or programs which might violate sacred traditions and contradict their theological doctrines. Defense of the autonomy of all religious groups in our pluralistic society might therefore suggest the advisability of letting each religious body develop its own philosophy of the spiritual rights of older people.

Since the value judgments that undergird all public and private decisions are, in the final analysis, largely, if not entirely, spiritual—the satisfactory resolution of this issue will contribute to the fulfillment of all the other needs of the aging.



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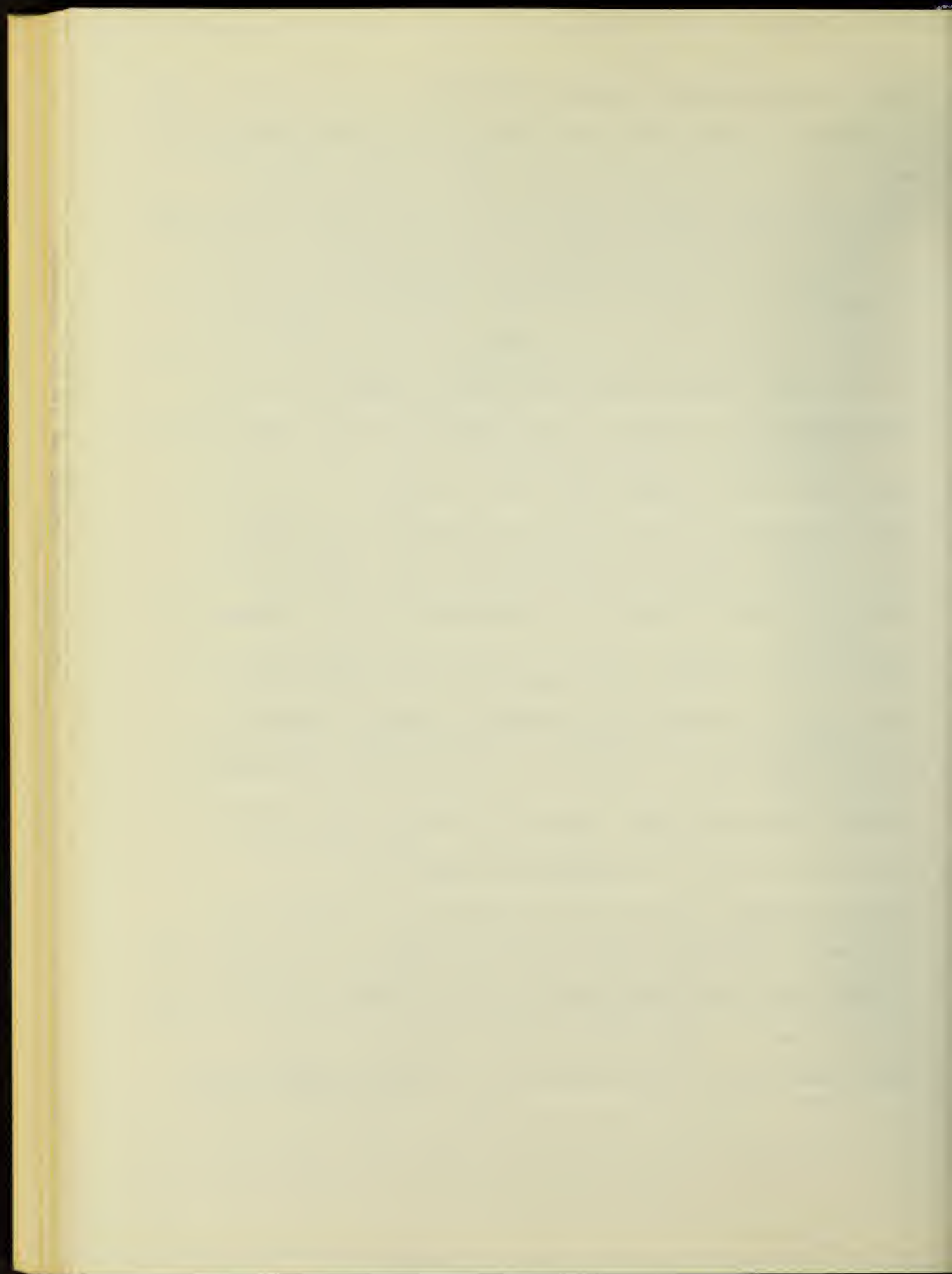
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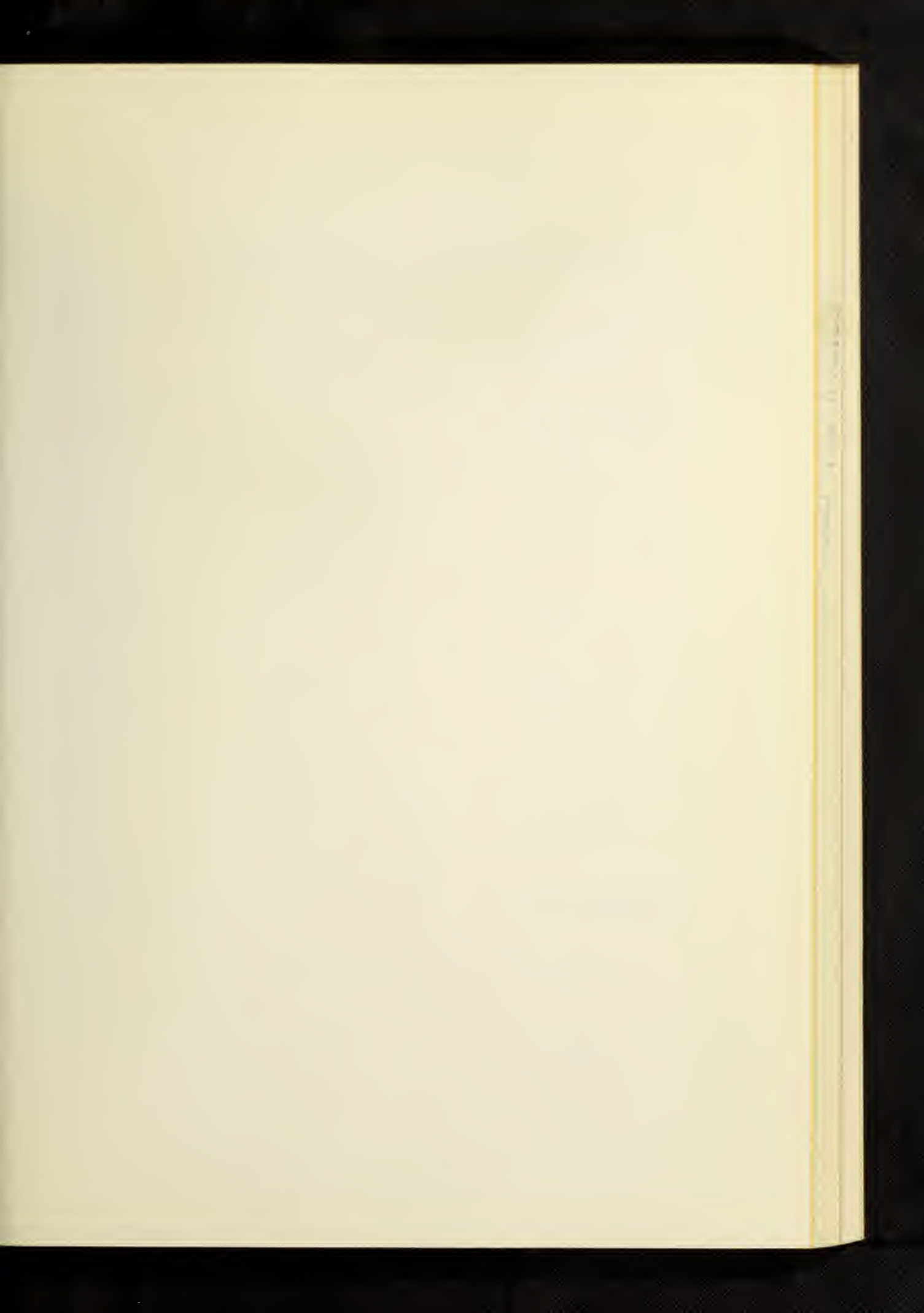
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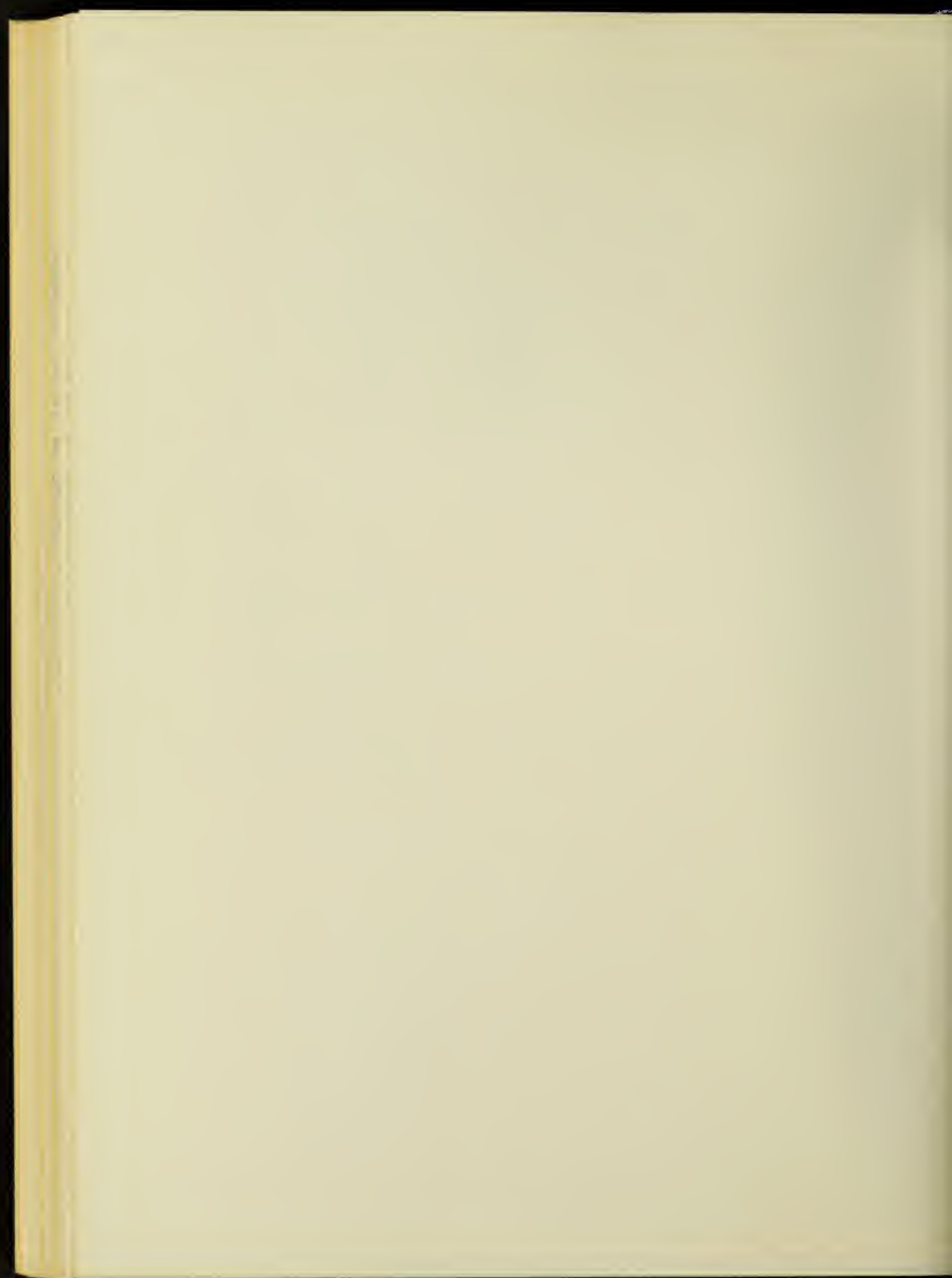
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Physical Education  
FOREWORD

v. 14 This paper on Training provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration and of delegates to the national White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

The first four sections of the paper discuss: the need for training programs to enable workers to cope more efficiently with the problems of the aging; goals proposed by previous conferences and groups; information on knowledge available with respect to present training programs in the field of aging; and identifiable gaps in this area. These sections of the paper were prepared for the Conference by James E. Birren, Ph.D., Director, Gerontology Center, University of Southern California, Los Angeles, with the assistance of Kathy Gribbin and Diana S. Woodruff and with the guidance from the Technical Committee on Training.

The fifth section of the paper identifies several major issues relevant to training in aging. The issues were formulated by the Technical Committee on Training for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the needs of the older population. The proposals and recommendations developed in Community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the national Conference in their effort to formulate a National Policy for Aging.

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# I. INTRODUCTION—THE NEED

The purpose of this background paper is to provide a synopsis and interpretation of current information on training in the field of aging.\* It is anticipated that this paper will provide a basis for developing constructive policies and programs to meet the nation's needs for training. Training in aging is defined as the study of the biological, psychological, and social processes of aging and the development of skills to meet the problems resulting from these processes.

The main feature about training and education on problems of aging is that there is so little of it. During the 1970's the task facing those who are responsible for training is one of increasing the amount of training manyfold. The point will be developed from evidence presented in this report that in relation to surveyed and demonstrated need, the amount of training and educational activities in the field of aging is astonishingly low. While there has been some progress and there are high quality programs in a few institutions most States do not have appreciable training of any type related to problems of aging. The need for training exists at different levels for many types of persons and for many types of subject matter: professional, scientific, graduate, undergraduate, high school, retired persons, young adults entering careers, volunteers, and representatives of ethnic groups. The decade of the 1970's would reasonably seem to be the decade to put major plans for training into effect and to evaluate alternatives so that the following decades of this century will be marked by a notably higher level of training.

## A. SCIENCES

Thirty years have been added to the life expectancy at birth of the average person in the United States in the last century, and an increasing number of individuals have survived to reach old age. As the proportion of elderly in the population has risen and the problems associated with aging have become more apparent so also has the need for basic knowledge on aging acquired through research become more obvious. The means to improve the understanding of the processes of aging is through basic research. Research can also lead us to develop the means to meet the attendant problems of the aged and to enlarge the prospects for a healthy contented life. If we are to improve the quality of life for retired persons, it is imperative to increase basic knowledge by training more teachers and researchers and to stimulate the application of this training.

In contrast to the data presented in the section of this report on professionals, no precise data are available on teachers and researchers currently working in the field of gerontology or on the number of teachers and researchers required to meet future demands. The lack of precise estimates of personnel needs in the sciences reflects the early stage of development of the field. The lack of such data in this area is particularly regrettable because of the key role teachers play in training and in our future research and personnel prospects.

There is general agreement among educators and administrators that teaching and research programs in the sciences need to be enlarged. The estimated increase in needed research training grants between 1968-1973 was 230 percent (U.S. Department of Health, Education, and Welfare, 1968). Such forecasts presume the availability of instructors in numbers adequate to meet the demand for researchers. The supply of qualified teachers is very limited, however, and programs for the training of instructors at all levels are at an early stage in their development.

A survey of the training needs in gerontology was undertaken in 1968 by the Gerontological Society for the National Institute of Child Health and Human Development (NICHD) (U. S. Department of Health, Education, and Welfare, 1968), and while assessment of the number of teachers and researchers in aging was not one of the direct functions of that survey, other valuable information related to the needs of the sciences was collected.

\*The following persons made substantial contributions in the preparation of this paper: Julie Moore, Richard Davis, and Eleanor James.

The extensive mail and interview surveys tabulated in the 1968 survey indicated that the present needs in initiation and/or maintenance of research and training programs in gerontology in order of importance were: (1) funding, (2) personnel, and (3) facilities. The number one need for research training programs in gerontology, funding, is all the more urgent when one attempts to anticipate the requirements of the next decade.

While almost every research scientist in every discipline wishes he had more money, scientists' requests for funds in gerontology are met with an especially acute shortage. The Adult Development and Aging Branch of the National Institute of Child Health and Human Development (NICHD) (which is almost the sole source of support for training for research careers in aging) has by far the smallest budget of any of the five branches supported by that institute. It was the urgent recommendation of the survey committee on training needs in gerontology that present appropriations for research and training be doubled over the five-year period between 1968-1973. The committee felt that this increase was feasible in the light of the observed and recorded growing interest and participation in gerontology.

That research and training be funded as one unit was insisted upon by the committee as committee members were convinced that training cannot be separated from research. The rationale for this point of view was that training for research is best accomplished in the research setting and in direct relation to research. Hence it was asserted that increasing the number and diversity of research projects in aging would meet an important need in the sciences by increasing the number and diversity of training opportunities.

Increasing the amount of funds available for training and research in gerontology would solve the other urgent needs in the sciences—the need for personnel and facilities. Faculty salaries, stipends for student trainees, and career awards in gerontology are powerful stimuli to faculty commitments in gerontology. Extensive library holdings, readily available computer facilities, and specialized well-equipped laboratories are also factors which accelerate progress in training and research and attract personnel.

Another factor highlighted by the 1968 survey was the need for administrative backing. Vigorous leadership on the part of administrators in supporting faculty investigators as opposed to a *laissez-faire* or simple lip service attitude appeared to be crucial for the development of successful training programs in gerontology. The quality of existing programs and the degree of their activity appeared to be a direct function of the degree of administrative backing. While a great many widely scattered institutions represented in the 1968 survey had one or more faculty members interested in some aspect of the field of gerontology, and while most of these organizations had the resources to promote a program of training, only in those institutions where the administration enthusiastically supported the efforts of the faculty member(s) was there a viable and active program or realistic planning underway to develop one. Where administrative support was perfunctory, ongoing programs showed signs of atrophy, or interested faculty members experienced great difficulty in mounting any training worthy of being called a program. In most of these cases, the training did not extend beyond the efforts of one person teaching one course to a few students. When the administration took no interest in gerontology or, in a few instances, where it was actively opposed, no formal training took place despite the presence of an interested faculty member. Qualified, committed faculty members are necessary, but not alone sufficient, to launch and sustain training programs in gerontology; administrative support is vital.

In the university where training of all kinds is often a goal, it is surprising, and indeed disturbing, to find that administrators in many institutions are blasé (and in a few institutions openly opposed) to training in gerontology. The documentation of such attitudes (U.S. Department of Health, Education, and Welfare, 1968) indicates that the status of gerontology has not yet reached high acceptance. The need to alter this situation should be given high priority. Three major problems which probably detract from the image of gerontology as a discipline were identified by the 1968 survey committee.

- (1) The field of gerontology is interpreted as embracing a variety of theoretical approaches and does not have any integrated conceptual framework.



(2) Programs of training and research in gerontology may not have clearly stated objectives and often suffer from disparate and uncoordinated attempts to achieve specific goals.

(3) Gerontology as a field does not enjoy a reputation as a mature area of scientific specialization.

Since there is probably some truth in all of these points (and the same points might be made in other more established fields as well), effort to change these existing conditions must be made, since the need for training for research in gerontology remains acute. It appears, however, that these conditions are related to (and probably partly the cause of) previously cited problems such as lack of funds, competition for personnel, and inadequate facilities. The problem is circular since without funding and personnel, scattered research effort deters the development of an integrated theoretical framework and can foster a picture of training in gerontology as an uncoordinated attempt by several kinds of organizations to achieve different goals with different approaches. Such training is certainly not conducive to a reputation as a mature area of scientific activity.

A schematic analysis (Figure 1.) of the current problems of growth in gerontology and their interrelationships was developed by the 1968 gerontology survey committee. It can be seen that the "core" problems of need for an improved, integrated conceptual scheme and of goal-direction in training programs are both a cause of and result from a low reputation. Core problems are viewed as being related to the more obvious problems represented by the outer ring in the diagram. Lack of financial resources reduces the ability to provide facilities and to attract personnel (already inhibited by the reputation of the field). The need to break the circle of interactions and reverse the introgressive movement is apparent. Less clear is with what efforts this reversal can best be accomplished.

The 1968 survey committee found that there were marked similarities in the needs of the disciplines in the biological and social sciences. At the same time, as a result of widely different approaches to aging, there are differences in the needs for training between the two broad categories of scientists which should be pointed out.

## 1. Biological Sciences

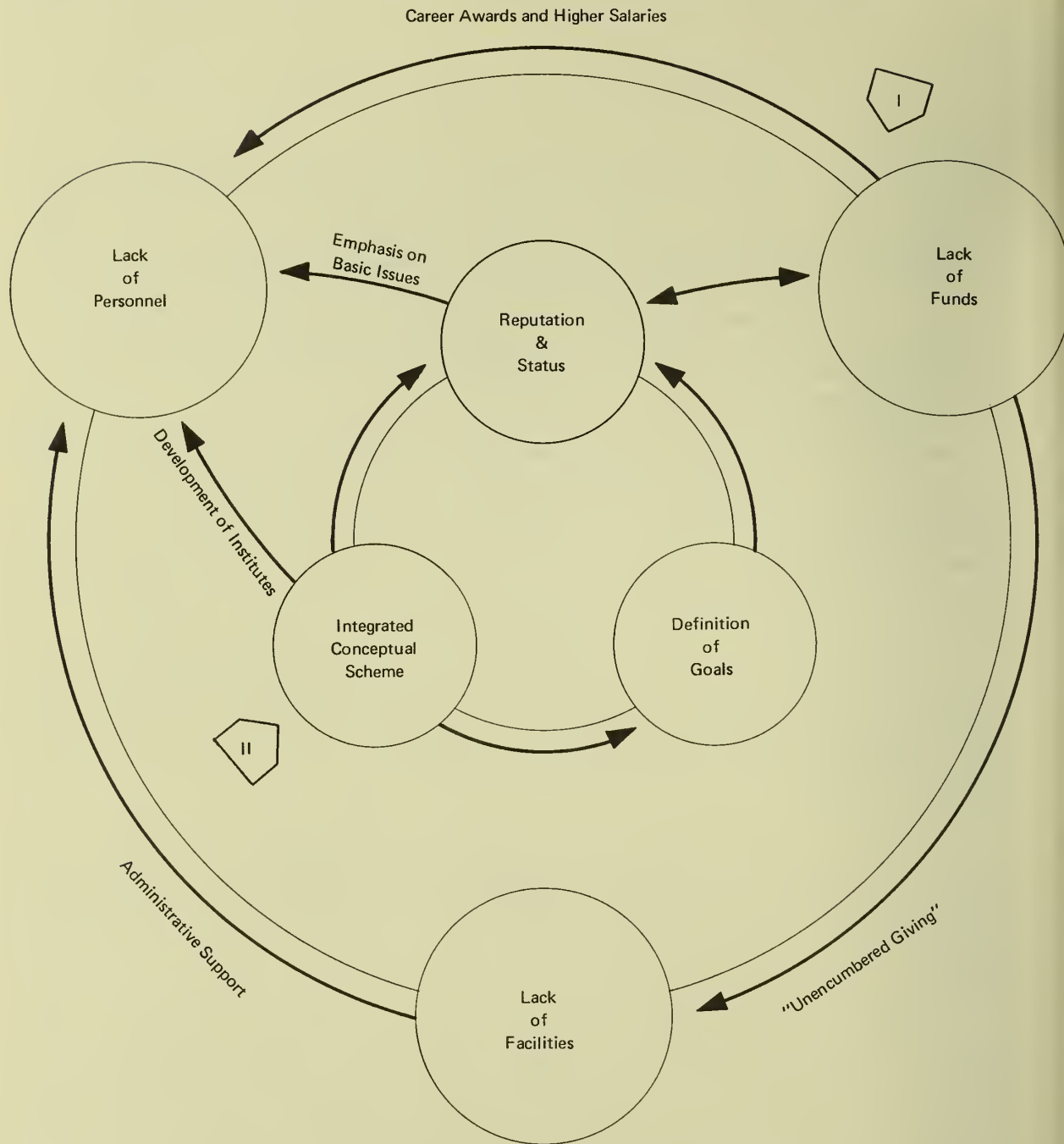
While the biological sciences enjoy a higher status in most institutions and are generally much better endowed with financial support than are the social sciences, activity in the biological sciences has been less in the field of aging. One-third of the presently supported National Institute of Child Health and Human Development trainees in aging are being trained in biological sciences. Thus recruitment of biologists to the study of aging is both an absolute and a relative need among the sciences.

Research in the biological sciences has been less intimately linked with practical problems, and aging has been widely thought of also as a field dominated by practitioners. These two factors have probably interacted and reinforced one another. Fewer biologists are attracted to aging because of its reputation for being an applied and, hence in their eyes, an unrespectable field. The need to change this unfortunate chain of circumstances is apparent, and this need can probably best be filled by providing additional training and research funds to those institutions that have the capability for training and research in biological sciences related to aging. Such an investment of funds would lead to basic knowledge that will in time improve or reduce the costs of health care of the elderly. If biologists doing research on aging were to discover basic information about the processes of aging leading to, e.g., a prophylaxis, amelioration, or cure of just one of the common health problems affecting the elderly, the savings in Federal and State funds would more than cover the expense of all research and training in the biological sciences.

Inadequate facilities is another factor which works to detract from the field of aging in the minds of biologists. Although special life span animal colonies and laboratory equipment are expensive items, they are crucial to biological research on aging.



FIGURE 1.—PRESENT PROBLEMS OF GROWTH IN GERONTOLOGY



Source: U.S. Department of Health, Education, and Welfare, National Institute of Child Health and Human Development, final report, 1968, p. 46.

## 2. Psychological and Social Sciences

More social and behavioral scientists than biological scientists have been recruited and trained in the field of aging, but the total number is small. The need for additional scientists in these disciplines is no less urgent. Recruitment and training needs in the social sciences revolve around many of the same problems faced in the biological sciences. Although laboratory equipment and facilities are not generally as important a factor for social scientists, difficulties

in the recruitment of large populations of subjects and means for undertaking and continuing large-scale longitudinal studies do impede progress in these areas.

Some of the most pressing problems of the elderly can best be attended to on the basis of research in the social sciences. To plan for the needs of the aged, surveys, inventories, and censuses of old people and their most urgent needs must be made. The existence and nonexistence of facilities, programs, and resources for serving the aged must be established, and the methodology and content of the social sciences is suited to derive this information. In this respect, the need for researchers trained in the social sciences must be met, at least in part, so that information essential to current planning, projections of funds, personnel and facilities, budget justification, and fund allocation can be generated. Only with knowledge from social scientists can new programs be assessed and evaluated and can old programs be justified.

Goals for the expansion of training in the sciences related to problems on aging need to be established. A doubling of the number of scientists in training over the next five years and then another doubling by 1980 would be most conservative in the light of the 1968 report (U.S. Department of Health, Education, and Welfare) which called for a 230 percent increase between 1968 and 1973.

## B. GRADUATE PROGRAMS

Two-thirds of the training currently offered in gerontology is at the graduate level, and it is clear that the main need in gerontological training is at this level to help create a group of "trainers of trainers." The need for training at this level is also evident at the sophistication necessary for research and teaching in aging and administration and practice on the aged cannot be taught at lower levels.

According to the 1968 Administration on Aging survey (U.S. Department of Health, Education, and Welfare, 1969a) two broad types of graduate education are necessary:

- (1) Long-term career training leading to the doctorate, designed to produce teachers and researchers in the biological, behavioral, and social sciences; and teachers, researchers, administrators and planners in the professional fields serving the older population.

- (2) Long-term training leading to the masters degree, designed to produce skilled practitioners, supervisors, consultants, administrators, and instructors in junior college and short course programs designed to train individuals for employment in agencies serving older people.

A third category of training, summer institute and short term courses, is usually administered at the graduate level, but this category will be discussed separately in a subsequent section.

The number of trainees in doctoral degree programs is small, partly because the training period of four or more years as a rule is long. The contribution of doctoral candidates to manpower resources in the field cannot be measured by numbers alone. Doctoral candidates are the source of most of the teachers, and they write most of the books in the field. These highly trained individuals also account for much of the new knowledge being accumulated and provide a large measure of the leadership in program planning and strategy. Because so much rests on so few, it is desirable to increase the support to levels more appropriate to current needs.

Specific needs are evident at the doctoral level. It is necessary to: 1) increase the number of faculty members engaged in teaching along with the number of trainees, 2) make higher stipends available to attract applicants from among promising practitioners, supervisory, and managerial staff in operating agencies, 3) develop interdisciplinary training centers in biological, social, and applied gerontology.

There is wide agreement that programs at the masters degree level are essential to the delivery of high quality services for the elderly. Masters degree programs differ from doctoral programs in that they involve a shorter training period and tend to emphasize preparation for

actual practice in service programs. Personnel trained at this level are in great demand for program planning and administration, for directing a variety of facilities for the aged, for providing direct services, supervising semiprofessional and technical personnel engaged in the provision of services, and for teaching in vocational education programs.

Since aging or gerontology *per se* is not usually considered a discipline in the academic community, training at the masters level is often taken in a setting in which primary emphasis is placed on producing a practitioner capable of working with all age groups. Training, therefore, is general to the profession rather than specific, and many newly-trained practitioners serving the elderly do not receive special training in aging. It was estimated in a 1968 Administration on Aging survey that there was a ratio of 1:7 between the number of persons working in aging programs and the total manpower pool in the same occupation. If this 1:7 ratio is an accurate estimate of the need for training in aging, then Federally supported masters degree programs in aging are making only a small contribution toward meeting the need for trained manpower. Perhaps only 1/100 of the total masters degree output are accounted for by Federal programs. This gap between demand and supply is enormous.

The Administration on Aging survey pointed to some specific needs for training at the masters level. It was concluded that it is necessary: 1) to draw attention to special problems posed by the elderly and to the special skills found useful in the administration and practice of programs serving the aged, 2) to point out the limitations of generic training in fields such as social work, public health, and nursing in contrast with some of the newer and more important professional-administrative careers in aging (nursing home administration, retirement housing management, senior center administration), 3) to use agencies and programs now serving older persons for effecting field training, 4) to train enough individuals at the masters level to fill the need for skilled services, 5) to emphasize leadership and supervision in training rather than the delivery of skilled individualized service, 6) to increase the dollar level of available stipends, 7) to equalize the dollar level of Federal training program stipends, 8) to raise to a competitive level the salaries in senior centers, retirement housing, State and community coordination programs, public welfare, and other fields serving the aged and into which holders of masters degrees can go.

In addition to the actual programs of training at the doctorate and masters degree level, graduate training in gerontology involves measures designed to underpin the total training effort. Such measures include the establishment of university centers and ancillary facilities for training and research. Creation of multidisciplinary institutes of gerontology increases the visibility of the field of aging and affords faculty and students an opportunity for exposure to greater competence as well as to the interdisciplinary aspects of the field. Centers for training, research, and service to the aged are also needed to provide significant help to agencies serving the needs of the elderly. Existence of such centers would go a long way toward closing the gap between supply and demand of personnel trained at the graduate level. In addition to meeting training needs, university-based multidisciplinary gerontology centers could:

- (1) Recruit personnel at the professional and subprofessional levels.
- (2) Conduct basic and applied research.
- (3) Provide consultation to public and voluntary organizations in assessing the needs of the elderly and in planning and developing services for them.
- (4) Serve as a repository of information and knowledge on the subject.
- (5) Stimulate the incorporation of content matter in aging into the teaching of the biological, behavioral, and social sciences.
- (6) Urge the development of training programs in aging in the university schools of social work, public health, health care administration, and education.



- (7) Afford opportunities for innovative multidisciplinary efforts in teaching, research, and demonstration projects.

Such centers or institutes in gerontology multiply the effect of funds invested in training in gerontology because of the output generated by bringing specialists from many disciplines together in one setting. Such centers tend to attract the more serious and competent students to their training programs.

### C. UNDERGRADUATE PROGRAMS

Most of the training effort in the past decade has been directed at the graduate level. The Gerontological Society survey (U.S. Department of Health, Education, and Welfare, 1968) indicated that only 71 of the 335 courses in gerontology offered in 1955-66 were at the undergraduate level, and in the entire United States there was only one baccalaureate program in gerontology. Just as it has been urgent to stress graduate training in the 1960's, it is also urgent to develop the subject matter and recruitment at undergraduate and high school levels in the 1970's.

Many benefits would accrue from introducing the subject matter of aging into undergraduate courses. The negative and unrealistic stereotypes which are held by the public about aging and the aged might be modified with better public understanding of aging as a human biological and social phenomenon. General undergraduate courses open to all undergraduate students regardless of major might help to effect a change in both the image of the aged and in the status of the study of aging. Considerable potential for awakening interest in young people in aging as a career is another benefit to be gained from introducing the subject in existing courses or offering separate courses in aging at the undergraduate level.

There are two general approaches for baccalaureate degree training in aging which need to be developed: 1) training as part of a broad liberal arts education, and 2) training for a particular occupation. Undergraduate education in aging would expose the student to the biological, behavioral, and social aspects of aging as part of his general education. He might then want to pursue the study of aging in depth at the graduate level, or he might consider serving the aged in one of the helping professions. The minimum that would be accomplished by such exposure would be the contribution to our culture through better understanding of aging and the aged.

An introduction of courses at the junior college level would also serve the purpose of educating the public about aging and the aged. These students should have the same opportunity for exposure to gerontological concepts as would all baccalaureate students.

A second type of baccalaureate program that is needed is one that would teach and develop skills for a particular occupation serving the aged. Such programs would be directed to the large number of college students who, when they graduate with a bachelor's degree, enter the labor force and take a beginning position of a technical or professional or subprofessional character, including positions in programs serving the elderly. Individuals interested in entering the labor force with a bachelor's degree often find themselves handicapped by lack of specialized training, and some, but by no means a majority, return to the university for graduate study or professional training. Introduction of training in gerontology into the curriculum in the third and fourth years of undergraduate study would be of great benefit to students majoring in health or community service fields.

Post-high school training at the community college and vocational education level is another area of need where recruitment to the field of aging could be accomplished by the introduction of courses. Terminal-occupational and vocational education programs are growing in number and variety, including several in fields applicable to aging. Nursing, hospital management, social work, recreation, and education are fields where individuals at this level could be trained for careers in aging. Four potential trainee groups might be introduced to careers in aging through post-high school training. These four groups were identified in the survey, "The Demand for Personnel and Training in the Field of Aging" (U.S. Department of Health, Education, and Welfare, 1969b) as:

- (1) Young people, just out of high school, who do not want or cannot afford a 4-year collegiate program and are seeking training to prepare them for beginning technical or sub-professional positions in a specific occupation.
- (2) Medical corpsmen, discharged from the armed forces, equipped with a high school education and interested in converting their military occupation specialty to civilian uses.
- (3) Housewives with grown children, retired military personnel, and others in their middle years looking for specialized training to take on a new career.
- (4) Older people who wish to develop a retirement career in service to the older population.

Curricula for these four groups would differ, but individuals in all groups can be considered as potential trainees for sub-professional and lower level professional positions in agencies serving the aged. A program in curriculum development and recruitment in these areas should be undertaken.

#### D. HIGH SCHOOL AND ELEMENTARY SCHOOL

The career decision process frequently begins at the elementary and high school levels, so it is extremely important to expose students at these levels to some of the facts and issues in gerontology. The desirability of introducing content on the biological and social aspects of aging at this level is obvious. Currently there is almost no information available on the extent to which knowledge on the subject of aging has been incorporated into the biology or social studies curricula of high schools and elementary schools, but it most likely is a rare occurrence.

During the years 1964-1967, the Duval County School System, supported by the Florida State Board of Health, gave twelfth grade teachers information on aging which they incorporated into teaching programs. Reportedly, many students developed more positive attitudes on aging, and some were steered toward careers in health and related fields.

The State of Wisconsin also reported that it incorporated content on aging in elementary and high school classes (U.S. Senate Committee on Labor and Public Welfare, 1960). Elementary school children studied the life cycle of humans as part of primary science classes, and an attempt was made to develop socially acceptable attitudes and understanding of the elderly. At the senior high level units dealing with problems of the aged in social problems classes were included in many of the larger school systems.

The National Institute of Child Health and Human Development survey indicated that there were three basic needs for training in aging at the high school level. To introduce concepts of aging at this level it is necessary to develop in all States:

- (1) Institutes for teachers to project concepts of aging within the particular framework of their respective disciplines, i.e., biology, sociology, etc.
- (2) Institutes for students to provide opportunities to observe and even to participate in research activities.
- (3) Appropriate materials for introducing concepts of aging within the existing high school curricula.

#### E. PROFESSIONAL TRAINING NEEDS

Training of professional personnel in gerontology remains small in relation to need. The report of the Secretary (U.S. Department of Health, Education, and Welfare, 1969c) to the United States Congress indicated an urgent and increasing need for personnel to serve in



the field of aging. In 1980, the need for trained workers is expected to be at a level two to three times above that of 1968. The report further indicated that at least a third of a million professional and technical workers (perhaps only 10 to 20 percent of whom have had any formal training) are employed in programs serving older persons only, or primarily.

Several difficulties are encountered when trying to estimate present and future need, which perhaps accounts for the paucity of published estimates. In many professions there is turnover in existing staffs and uncertainty about the number of new facilities. Besides these uncertainties licensing and certification regulations are changing and may eliminate some people already in the field and inhibit unqualified others from joining it. Required services and service occupations are still evolving and being defined, and new programs and resources are appearing more rapidly than staffing implications can be projected. In addition, there is much difficulty in trying to separate personnel requirements for serving older people from those for serving all people.

In a 1969 survey conducted for the Administration on Aging (See Table 1.), a minimum estimate for current demand was obtained from data on budgeted vacant positions. Estimates of demand for the years 1970 to 1980 were not comparable from occupation to occupation, due mostly to differences in the definition of job categories. Professional service personnel in aging are normally considered to include: 1) those who can accept responsibility for top-level administration and for broad planning and coordination; and 2) those directly engaged in serving old people, in staffing service agencies and in providing consultation and guidance to organizations and agencies in the field. The following material is heavily dependent upon the report of the Administration on Aging survey.

## **1. Administration and Environmental Planning**

The category of administration and environmental planning includes architecture, community organizations, Federal and State planning, institutional administrators, and personnel for housing developments for older people. Increased construction of nursing homes, housing projects and service centers, not to mention newly legislated Federal and State programs for the aging, present an existing and future demand for, besides aggravating the need for, personnel to fill these positions.

### **1.1. Nursing and Personal Care Homes, Administrators**

In 1967 it was estimated that 24,000 administrators and managers were employed in nursing and personal care homes. At that time there were 20,500 facilities in operation, an average increase of 1,000 per year from the 16,700 operating in 1963. A projected increase of over 1,000 per year (continued vigorous growth is expected for the next few years) yields an estimate of 44,000 facilities in 1970. Demand is largely a function of growth in the number of facilities, and since there is a certain amount of turnover in administrative staff in existing homes, the demand for personnel at this level may be expected to exceed the net increase in the number of facilities in operation.

There is little information concerning the origin and qualifications of administrators of the new facilities. This will change within a few years, however, as a result of 1967 amendments to the Social Security Act. These amendments require that administrators of nursing homes receiving payments from Medicaid must be licensed by the appropriate State licensing authority by 1972. This means that training programs will be required to enable administrators to qualify for licensing. What effect this will have on the future need for administrators in nursing and personal care homes is not clear, but the situation warrants monitoring.

### **1.2. Housing Project Personnel**

A study conducted by the National Association of Housing and Redevelopment Officials (Vogelsang, 1968) indicated that in 1968, management personnel employed in



TABLE 1.—THE NEED FOR PROFESSIONAL PERSONNEL IN THE FIELD OF AGING

JOB	Currently employed 1967	Additional demand 1968	Demand projections 1970	Demand projections 1980
Administrators: employed in nursing and personal care homes	24,000			30,000 <sup>a</sup> 44,000 <sup>b</sup>
Administrators and managers: employed in housing projects for the elderly or serving older persons in other housing projects	4,851		7,579 <sup>c</sup> 13,329 <sup>d</sup>	31,862 42,864
Administrators, managers, program directors: employed in multipurpose and activity (senior) centers for older persons	2,500-3,000	800	1,100	2,100
Administrators, planners, coordinators, etc.: employed in Federal and State planning and coordination programs in aging	293	79 <sup>e</sup>	591	1,100-1,200
Dieticians: extended care facilities	4,600	900		
Employment counselors	578			
Homemakers, home health aides: (home health agencies participating in the Medicare program)	2,970			
Librarians	50-75 full- and part-time persons equal to 15-20 full-time	50	75-200	
Nurses, licensed practical: Nursing and personal care homes	40,000		100,000	175,000

a. Presumes the average number of beds per facility by 1980 will be 60.

b. Presumes the average number of beds per facility—42 in 1967—does not change.

c. Results from the use of the average ratio in public housing in 1968.

d. Results from the use of the average ratio in loan and insurance housing.

e. Budgeted vacancies total.

TABLE 1 (cont'd).—THE NEED FOR PROFESSIONAL PERSONNEL IN THE FIELD OF AGING

JOB	Currently employed 1967	Additional demand 1968	1970	Demand projections 1980
Nurses, licensed practical (cont'd):				
Extended care facilities	33,600			
Extended care facilities participating in Medicare programs	19,830			
Home health agencies participating in Medicare programs	1,210			
Nurses, registered:				
Nursing and personal care homes	30,000		40,000	75,000-125,000
Extended care facilities	31,000	6,000		
Extended care (Medicare program)	22,100			
Home health agencies (Medicare program)	17,070			
Occupational therapists:				
Extended care facilities	1,600	800		
Extended care (Medicare)	1,030			
Home health (Medicare)	130			
Physical therapists:				
Extended care facilities	2,000	1,200*	4,100**	6,600**
Extended care (Medicare)	1,950			
Home health (Medicare)	710			
Physicians:				
Nursing, personal care homes, geriatric hospitals	800			
State and county mental hospitals—full-time	4,608			
—part-time	2,129			
Psychiatrists with specialization in geriatric psychiatry	96			
Nurse's aides:				
Extended care facilities	177,400	10,700		

\*900 budgeted vacancies.

\*\*Includes present supply.

TABLE 1 (cont'd).—THE NEED FOR PROFESSIONAL PERSONNEL IN THE FIELD OF AGING

JOB	Currently employed 1967	Additional demand 1968	1970	Demand projections 1980
Occupational therapy assistants:				
Extended care facilities (to meet needs of patients in long-term beds in hospitals, includes present supply)	1,300	16,500		
Physical therapy assistants:				
Extended care facilities	900	300		
Community aides: OEO-funded project FIND	400			
Recreation leaders, specialists, workers		900	22,500-30,700	26,300-76,200
Senior center directors	1,311			
Recreation supervisors, leaders, aides	1,012			
Professional consultants	100			
Activity specialists	1,805			
Service workers and aides	8,172			
Social insurance workers	800	50	1,300	1,600
Social workers:				
Old age assistance, medical assistance, Medicaid	16,000		19,000	22,000
Extended care facilities exclusive of social workers, classified as administrators	1,200	500		
Extended care facilities participating in Medicare programs	2,780			
Home health agencies participating in Medicare program	324			
Senior Centers	50			
Specialists in social work services in aging needed to put one in every State and county welfare department—includes present supply		3,200		



TABLE 1 (cont'd).—THE NEED FOR PROFESSIONAL PERSONNEL IN THE FIELD OF AGING

JOB	Currently employed 1967	Additional demand 1968	1970	Demand projections 1980
Social workers needed to put one in every nursing home, home for the aged, rest home, and boarding home in the country		20,000		
Speech pathologists and audiologists:				
Extended care facilities	300	400		
Home health agencies participating in Medicare program	140			
Needed for population 65+ on basis of one speech pathologist and one audiologist per 50,000		726		

Source: U.S. Department of Health, Education, and Welfare, "The Demand for Personnel and Training in the Field of Aging," July 1969.

housing projects for the elderly numbered close to 4,900. The demand for staff during the next ten years will be affected to a great extent by the amount of new construction funded by Federal and State Housing Assistance Programs. The National Association of Housing and Redevelopment Officials study predicts a need for 32,000 to 43,000 management and social service personnel in retirement housing for the elderly by 1980. This increase of six to eight times the number employed in 1968 is basically realistic considering the trends in the size of the older population, estimates of living arrangements and family income distribution, projections of the number of elderly persons living in their own homes, and moderate predictions concerning the volume of housing construction.

### **1.3. Centers for Older Persons, Staff**

At present there are no reliable data concerning the number or types of centers or their staffing. Administration on Aging estimates (U.S. Department of Health, Education, and Welfare, 1970a) that in 1967-68 there were about 1,250 centers open at least three days a week, but had no information regarding their activities. If one assumes that each center had at least one paid staff member, there were at least 1,250 persons employed in an administrative capacity; however, some centers may have only volunteers, thus making an accurate estimate impossible. Federal and State encouragement of centers and the services they provide will decide their growth and demand for personnel. Nevertheless, most new retirement housing projects include a multi-purpose center, thus providing one definite growth factor.

### **1.4. Federal and State Personnel: Administrators, Planners, Coordinators, Consultants, Field Representatives, Researchers and Allied Personnel**

Members of this group occupy key positions at Federal and State levels, and carry major responsibility for implementing provisions of the Older Americans Act (U.S. Department of Health, Education, and Welfare, 1970b) and related legislation. At the beginning of 1968 more than 100 people were employed in Administration on Aging and the Adult Development and Aging Branch of the National Institute of Child Health and Human Development, while State units on aging employed 172 persons in administrative and technical capacities. Budgeted vacancies, however, indicate that unmet demands for trained personnel were as high as one budgeted position in every six in State agencies and over one in three, in Federal agencies. Projections suggest a fourfold increase in the number of budgeted Federal and State positions by 1980.

### **1.5. Architects Specializing in Problems of the Aging**

There are no data designating the present demand for architects trained and interested in aging, or positions available to them; consequently, future projections are impossible at this time. Increased construction of housing projects, multi-purpose service centers, and nursing homes for the aging would lead one to predict that the demand will increase significantly during the next few years.

## **2. Health and Medical Services Professions**

Health and medical services professions concerned with aging cover a wide range including dietitians, homemakers, and home health aides, both licensed practical and registered nurses, occupational therapists, physical therapists, clinical psychologists, dentists, podiatrists, medical and psychiatric social workers, physicians, and aides. Promotion and preservation of health care and restoration of the sick and disabled are among the most important services required by retired and aged people. There is a compelling need for more personnel if these facilities are to provide medical care, restorative services, and stimulating activity programs.

### 2.1. Dieticians

Dieticians are largely found in institutional settings. In 1967-68 there were 4,600 dieticians employed in extended care facilities, while 900 more were needed to give optimum care. Dieticians are also employed in senior housing projects, geriatric hospitals, hospitals for the chronically ill, nursing homes, and in other settings where older people make up the larger part of the population served. There are no data regarding the number so employed or the unfilled present demand. The future demand is inextricably linked to changes in the supply of these facilities and the number of persons requiring services. Since projections call for their increased construction, it is logical to assume the demand for dieticians will also rise.

### 2.2 Homemakers—Home Health Aides

Homemakers are relatively new and rare in the field of aging, but there is increasing recognition of their value to older people who prefer independent living arrangements, yet are handicapped or limited in performing household tasks. In 1967 only 115 public welfare agencies (including 93 furnishing personal care) were providing homemaker services to the aged needing assistance in home management. Although future staffing needs are dependent upon the interest of communities in extending the program, the demand and interest in the program are already greater than the staffing being provided.

Most home health aides now providing services to older persons work for agencies participating in the Medicare program. The demand for home health aides conforms closely with the home health care load under Medicare which has been growing very slowly. There are no figures specifying the number currently employed.

### 2.3. Practical Nurses, Licensed

One of the major occupational groups employed in nursing and personal care homes is licensed practical nursing (LPN). In 1967 the estimated number employed was 40,000, almost double the number in 1964. Considering the rate of growth of the nursing home industry, LPN employment in these establishments may reach at least 100,000 in 1980 and may be as high as 175,000. Other LPNs are employed in home health and other programs reaching older people in their homes, so the future demand may be even greater.

### 2.4. Registered Nurses

In 1967 the number of registered nurses, RNs, employed in nursing and personal care homes was 30,000. The demand is expected to grow to 75,000 by 1980 but may go as high as 125,000. Many others are also employed in long-term care hospitals serving older patients largely and in the home health care program under Medicare. Demand is very high for RNs, but the supply in the field of aging is limited by competition from other programs and by attrition through marriage and childbearing.

### 2.5 Occupational and Physical Therapists

Occupational and physical therapists are concentrated in hospitals and other medical facilities and programs, including nursing and personal care homes and home health care programs under Medicare. The supply of trained, qualified personnel is quite small, with many more in demand than become qualified each year. This places an especially hard burden on service delivery to the aging because of the competition for services by other patient groups. With nursing home and home-care populations growing, a difficult-to-estimate but substantial increase in number of occupational and physical therapists is needed.

### 2.6. Physicians

Available data show that older persons utilize the services of physicians more than their proportion of the population; few doctors fail to have older persons as patients. Such programs



as Medicare would lend to a forecast of an increase in future need in the number of physicians, but there are no available projective statistics. In 1967-68 there were 800 physicians working in nursing, personal care homes, and in geriatric hospitals, with State and county mental hospitals having a full time equivalent of more than 5,000 physicians. Increased growth of such facilities will result in an increasing demand for physicians. In recent Senate hearings before a subcommittee on aging (U.S. Senate Special Committee on Aging Hearing, 1969), it was stated that it will be 1980 or beyond before there will be enough medical doctors to meet the needs in handling the programs now on the books. No available data, however, have mentioned if these physicians will have a specialization in or knowledge of geriatric medicine. Freeman (1970) reported an analysis of medical school curricula as revealed by school catalogues. Of 90 schools, 50 made no mention of aging as a subject in any form. Available statistics (Table 1.) state that in 1967-68 there were only 96 psychiatrists for the entire country who reported a specialization in geriatric psychiatry. Unlike established training programs in child psychiatry, geriatric psychiatry is undeveloped.

### 2.7. Aides

Aides are found in nursing homes and personal care homes, home health agencies, homemaker services, hospitals, and other agencies and programs. The number of aides is growing because of the shortage of skilled professional manpower in community service programs and because of recognition of the necessity to restructure position responsibilities and to assign selected tasks to personnel who have been given short courses or on-the-job training. There are no projections of future need, but in 1967-68 there were 177,400 nurse's aides with an unfilled demand for 10,700; 1,300 occupational therapy assistants in extended care facilities with an unmet need of 300, and 16,200, including the present supply, needed to meet the needs of patients in long-term beds in hospitals.

## 3. Social Work

Personnel for community and home delivered services appear destined for expansion and will need increases in trained personnel. Such personnel include social workers and community aides to serve in welfare agencies and information referral services. Among other functions, these workers provide the social services to elderly welfare recipients as authorized by present welfare programs and provide special counseling and placement services to the older workers.

### 3.1. Social Workers

The social worker is a key person to assist the older person and his family and is frequently an important member of a team providing services. Typical duties of the social worker include financial planning, case work, personal and family counseling; providing intake services and assisting in adjustment to institutions; planning hospital discharges; guardianship, organizing, and administering social and related services in the home; providing information, referral, and placement services, administering and conducting group programs; participating in studies of community needs and community planning.

With all these duties needing to be performed, it is estimated that in 1968 four out of five of the over 20,000 social workers in programs concerned with older people were employed in the Old Age Assistance program. Projections of future demand for social workers in Old Age Assistance depend on future caseload trends, changes in the relative number receiving social services, and on whether the program survives or new departures are introduced, including a negative income tax. Based on the assumption that the Assistance program continues, one HEW projection suggests a moderate increase in staff over the 1960 level. Projections of need in other programs put at least one social worker in every nursing and personal care home in the country and a specialist in social work services to the aging in every county welfare department. Such projections involve a demand for 1980 at least twice that of 1968.

What is lacking in the curriculum of most schools of social work is a proportionate representation of the subject matter of aging. The Council on Social Work Education (1964) has made curriculum suggestions to improve the level of training in aging. A broader input of information from psychology, sociology, and health fields, along with information on personal crises of the aged, is needed to train social workers to work with middle-aged and older adults.

### 3.2. Community Aides

At present there are 400 community aides funded by the Office of Economic Opportunity project FIND. There are no available projections for future demand.

### 3.3 Employment Counselors

These counselors are employed in State employment service offices. More than 500 State employment counselors spent all or part of their time in 1965 counseling workers 45 years old and older. There were older worker service units in 27 major cities in 1967. Future demand for staff will depend on changes in the size and direction of the counseling program.

## 4. Education

Many aspects of education are encompassed in meeting responsibilities in the field of aging. (See Background Paper on "Education," 1971 White House Conference on Aging.) It is necessary to point out the requirements to teach the teachers about the facts of aging, e.g., program planners and teachers, teachers in the fine arts and arts and crafts, teachers to teach research and service personnel, besides those needed in public welfare and public health. No estimates of current or future need are available at this time. It seems reasonable to conclude, however, that many of these positions, other than adult education and vocational training, will require professional education in the requirements of their particular audience. Adaptations of child-centered education are not appropriate for retired persons, and school of education training based upon pre-adult administrative practices and content is not acceptable. For example, positions in rehabilitation may be filled by people trained specifically for a certain skill with no regard to training for working with the aged. This points out the need for institutes, or classes, or sessions specifically designed to aid these teachers in learning how best to use their talents when working with older people.

## 5. Recreation

Senior centers, parks, housing projects, and nursing and personal care homes are the principal establishments employing recreational personnel in programs serving older persons. In 1967-68, there were close to 30,000 filled positions in such places, of which over half were occupied by part-time workers making the estimated full-time equivalent approximately 15,000. This figure included senior center directors, recreation supervisors, activity specialists, recreation program leaders, professional consultants, program aides, and program assistants. The National Recreation and Park Association estimates that staff positions in programs for older persons will be at least 23 percent higher and possibly even two and a half times as high by 1980 as it was in 1967.

The 1980 projection of 26,300 workers is based on the ratio of employees to population remaining unaltered; the 76,200 figure takes into account trends in expenditures for parks and recreation. Either figure demonstrates a tremendous increase over the present number of personnel and suggests a great need for recruitment and training. It is not apparent where the leadership and teaching skills needed to give recreation workers a background in aging will come from. As in other professional areas, knowledge of interests, life styles, personality and health changes, and physical capacities will permit the recreation worker to be more professionally useful to retired persons.



## 6. Religion

There is a need for pastors, pastoral counselors, and program leaders in religious settings to have knowledge and understanding of older people, to aid them in helping the elderly in their congregations. The first point of contact between an adult seeking advice or help in resolving a current personal or family crisis is often the church and its leadership. At present there is no public information regarding how many pastors have had such training or what training is being given in the seminaries. Institutes, short courses, workshops, or specific sessions designed to work out the problems religious personnel encounter when dealing with the aged are sometimes available, but these reach only a few. Certainly more concentrated effort is needed in this area of direct concern to organized religious groups. The training of lay leadership to serve the needs of retired members of congregations awaits development. There is no available information concerning religious personnel and training. It is suggested that short courses, workshops, institutes, and specific sessions can be designed specifically for those with church roles that bring them into contact with the older person.

## 7. Other

### 7.1. Librarians

A few municipal library systems have developed special services for older persons. The full-time equivalent of these librarians in 1967-68 was only 15-20 workers with an additional 50 needed. Projections for the 70's are between 75 and 200. The American Library Association is fostering the extension of services to older people, as a result of which an increased demand for librarians trained to work with the older population may develop. Research on older reader interests is needed to guide these library services as well as to uncover the latent potential for rendering enjoyment through new services designed for the retired.

### 7.2. Social Insurance Workers

There are about 20,000 people employed in the nation's social insurance programs of which, in 1968, 800 were working with aspects affecting older people only. It is expected that this number will double by 1980. This will result from an increase in the number of older people and a decrease in the age of retirement, thus requiring more experts in this field. To meet this increased demand, training of additional workers is predictably necessary and needs to be developed. By 1980, 1600 social insurance workers will be needed, a figure twice that of those so employed in 1968.

### 7.3. Speech Pathologists and Audiologists

There is a severe shortage of speech pathologists and audiologists who work with older patients whose speech and hearing have been affected by stroke, by other illnesses, or by hearing loss. In 1967-68, there were 300 working in extended care facilities and 140 in home health agencies participating in Medicare programs. The number in demand at that time was at least twice that employed. Recruitment and training of qualified personnel is of utmost necessity in order to help more of these older persons so afflicted.

## F. EXTENSION COURSES

Examination of the seeming flurry of activity in extension courses in aging which are described in another section of this paper gives the impression that this is an area where there is little need. Such an impression is extremely inaccurate. Only a small proportion of the workers in the field of aging are being reached by such courses, and in many cases the courses are too brief for the exposure to be meaningful.



Although almost 100 extension courses were supported by the Federal Government in 1967-68, only six to seven thousand individuals participated. Compared to the number of workers now serving the aged, this number of individuals is small, and when evaluated in terms of the additional manpower needed to serve the aged, six to seven thousand people seems minute.

In addition to the need for extension courses to be presented on a larger scale, there is a shortage of teachers for these courses. There is an extreme shortage of workers to fill positions of service to the aged; therefore, well trained individuals are in such demand to apply their skills that they are not available to teach.

The establishment of curriculum models for training in extension courses would be extremely useful. If curricula were developed for extension courses for practitioners in aging, the pressure on teachers would be eased and experienced teachers would not have to spend all their time in the development of teaching materials. Individuals with less experience might be used for training in these courses if they could teach from pre-planned curricula.

The number and quality of extension courses offered might increase if there was better general organization of the subject matter in the field of aging. Many institutions are unaware of the availability of funds to support extension courses, and an effort to promote extension courses in aging might be well-received at such institutions. In addition there is the possibility of tying-in efforts in recruitment with efforts to provide extension courses. If a concerted effort was made to organize the groups and agencies currently supporting extension courses in aging, a more effective coverage of these gaps might be effected.

## G. MATERIALS FOR TRAINING

Curricula, course syllabi, textbooks, films, case study materials, teaching guides, and short course models are essential to the development and maintenance of high quality training programs in gerontology. Unfortunately, the National Institute of Child Health and Human Development survey committee reported that there was a paucity of texts and other materials available for such training. When the materials do exist, they are scattered and difficult to find and do not present an organized and systematic body of easily available information. Perhaps before new materials are developed, a survey of existing materials should be undertaken to distinguish major gaps in current materials and to discern desirable trends in organization.

Some programs to develop curricula and training materials in aging are being funded at the present time, and these programs are described in another section of this paper. Most of the materials currently available are directed to training at the graduate level, so there should be encouragement of the development of materials at the undergraduate and high school levels. The work committees which in the past decade have revised college and high school texts in mathematics, physics, and chemistry should be followed by efforts in the field of aging.

Updating of the materials is also needed. *The Handbook of Aging and the Individual* (Birren, 1959) and the *Handbook of Social Gerontology* (Tibbitts, 1960) which have proved to be invaluable reference sources are over ten years old. The literature on aging has expanded as was revealed by Riley, Foner, and Associates (1968) in their monumental inventory of research findings published under the title *Aging and Society*, volume one. Updated reference books must be made available.

There is a crucial need for dissemination of current research information in the field of gerontology. The *Adult Development and Aging Abstracts* published by the National Institute of Child Health and Human Development is a useful innovation for researchers and scholars (U.S. Department of Health, Education, and Welfare, 1969, 1970). For purposes of application, however, researchers ordinarily will not exert themselves to translate their findings into practically useful information, and they will leave it up to "someone, somewhere" to determine how their results will be applied. Frequently valuable information is neglected because it appears in an obscure journal or because it is shelved in an institutional report. Practitioners and researchers read and publish in different journals and approach problems of aging and the aged in different spheres. If teachers in academic and professional training programs had access to an organized literature in aging which reviewed both research data and

applied information, student trainees in research and applied areas might be better trained to bridge the gap between research and practice.

## H. IN-SERVICE PROGRAMS

Information about in-service training programs is very limited and despite the potentials for such training, it seems not to have been given much systematic attention.

## I. VOLUNTEERS

The number of present volunteers is unknown and no future projections are available. Many programs are being instituted utilizing the services of volunteers, but most of these either use the volunteer strictly for "leg-work," train him on the job, or choose him specifically for various skills already possessed. Many volunteers attend various workshops and institutes in order to better their facility for working with the aged, but such training is seldom required. Consequently, estimates of future demand or need are even more probabilistic.

## J. GEOGRAPHICAL NEEDS

It is difficult to state geographic needs for either trained individuals or training centers because most surveys on training have not been planned with this in mind. The only occupation with available data is that of State administrators on aging. The Administration on Aging survey of State administrator demand in 1967-68 reported 33 vacancies in these positions throughout the country, and all reported projected increases in the number of positions to be filled in 1970 and 1980. Once States now in the process of initiating programs develop the staff, demand for personnel will undoubtedly rise.

The National Institute of Child Health and Human Development (U.S. Department of Health, Education, and Welfare, 1968) conducted a mail survey of the organizational settings in which the reported research training took place, the instructional content of the training, the level of training offered, and the current sources of support for the programs described. It was found that the bulk of the training takes place in academic institutions. There was some tendency for the reporting institutions to be concentrated in the Mid-Atlantic and North Central States (See Table 2.) leading to the conclusion that reporting institutions appear in clusters, although some kind of training in aging is taking place in all geographic regions.

## K. EMERGENT NEEDS

Training of the many types discussed will have to be planned and extended to meet not only the presently recognized needs but also important emergent ones. The content,

TABLE 2.—REGIONAL DISTRIBUTION OF REPORTING INSTITUTIONS

Region	Number of institutions	Percent	Number of courses	Percent	Courses per institution
Northeast	9	5.7	22	6.6	2.4
Mid-Atlantic	41	26.2	75	22.5	1.8
South Atlantic	13	8.3	34	10.2	2.6
South Central	18	11.5	40	12.0	2.2
North Central	48	30.7	113	33.8	2.4
West	26	16.6	50	14.9	1.9
TOTALS	155	99.0	334	100.0	2.2

Source: U.S. Department of Health, Education, and Welfare, National Institute of Child Health and Human Development, final report, 1968, p. 20.



techniques, and goals of training programs cannot remain fixed. However, the changes must first occur within institutions having long-range commitments and competent personnel so that the changes can be rational and not unthoughtful, quick, or opportunistic responses.

### 1. Ethnicity and Aging

Little is known about the personal needs and circumstances of our many aged in different ethnic groups, e.g., Spanish speaking, black, or Indian populations. Technological change reaches all groups in society, but unless we know something of the circumstances of the aged members of minority ethnic groups, we cannot create the conditions of communication; consequently such persons will not partake in services to which they are entitled in a changing society. The nature of the needs of the minority aged, what types or programs are needed to alleviate their needs, what training is required of the personnel needed to implement such programs are all important questions which are impossible to answer at this time. Planned efforts should be made to recruit research and service personnel from disadvantaged ethnic groups. Such persons should be recruited by Training Centers in Gerontology. Trainees recruited would help to provide valuable facts about aging in ethnic groups and lead to the improvement of training programs.

### 2. Environment and Aging

The modern city has disproportionately limited the mobility of retired persons as well as the availability of services, recreation, and other life pursuits. Modern cities characteristically have public transportation systems that are regressing with little provision of service in many areas where retired persons live. Retired people do not have and do not drive cars as commonly as young and middle-aged adults. Retired persons in large numbers lack the money to buy or maintain a car and often have handicaps that may limit driving. The new centripetally organized large shopping center is also not compatible with the mobility and needs of aged persons. The design and location of modern housing, particularly the suburban pattern, makes it difficult for the retired person to meet his needs, as well as to participate in a supporting and satisfying social life.

The issues of aging and the environment require that research information be translated so that the architect, city and regional planner, and local government officials are informed and can plan on the basis of the needs of the retired. Whether individuals should be trained as environmental planning specialists for the aged or whether a generalist in gerontology can serve in the role of translator and mediator to planning specialists is moot. Clearly there are new factors in the urban environment that place the older person in an increasingly disadvantaged position, and effort has to be directed toward environmental planning that will provide optimum habitation for the aged.

### 3. Widowhood

The extension of the average length of life in the United States since the early part of the century resulted in greater gains for women than for men. This sex difference in longevity continues to grow. Moreover, there is about a two-year (average) sex difference in age at marriage, with women being younger. These factors result in millions of widows in our society who often have an appreciable length of life remaining. The social circumstances of large numbers of widows in the population require psychological and social research. Since widows in a mobile society often live remote from children, the development of useful social roles by widows poses a large practical problem. Trained personnel can generate an economic return to society through their efforts with widows, as well as contribute to their life satisfaction and contentment. Leadership training for selected widows to undertake community roles also awaits development along with counseling services to enable the widowed to realize the potentials for a satisfying independent life.



#### 4. Post-Retirement Roles

The trend toward earlier retirement leaves many capable and talented persons without useful roles in society. Many such persons would welcome the opportunity to serve in volunteer or in paid positions should they be given exposure through recruitment programs and should they receive the opportunity for pertinent training. While it is true many unfortunate older persons do not have the necessary capabilities by reasons of health or other limitations, at least half of the retired population might be classified as potentially trainable or may already have the skills to serve the community and themselves through part-time service positions, either paid or volunteer. A vast potential force exists within our society consisting of retired persons who can do varying degrees of work. In particular, most human service industries and institutions are short of personnel, e.g., day child care centers, residential care facilities for retarded and sick children, schools, libraries, recreation areas, hospitals and convalescent homes, friendly visitors, green thumb programs to beautify communities, etc. While the potential for such community service roles is vast, they cannot be realized unless leadership is developed and training programs are planned and implemented.

There is no personnel at present who can train the retired from all walks of life. Such training requires a grasp by the instructor of psychology, sociology, and some health science, as well as techniques of education in specific content areas. Training would also be required for those whose responsibility would be to recruit and place persons in post-retirement service roles within the community.

Research on training of the older worker or volunteer will involve the development of new instructional techniques, both intellectual and motivational, as well as recruitment systems designed to overcome the reluctance of older persons to reenter a training situation or to be exposed to comparative achievement judgments. Reluctance of the older person to undertake training is widely known, but little educational or psychological research has been devoted to the subject. Research workers must receive retraining for careers in this field as must those who will provide a recruitment, counseling, or placement function.

In addition to those who in retirement are potentially capable of undertaking training for community service positions, there are also those whose skills in middle age are made obsolescent by changes in technology. The manpower pool of middle-aged and older adults for volunteer and salaried service positions is enormous. Research facts are needed so that a plan for the development of training programs can be undertaken on a major level.

State agencies must take the initiative to develop training centers for the post-retirement roles. Such centers should be conducted with relation to institutions of higher learning so as to gain the benefits of contemporary innovations and to build into the program adequate evaluation methods. Unless a recognition is established that the questions of learning, motivation, and role performance have to be explicitly developed with respect to known facts about aging, such educational programs are apt to be subverted intentionally or unintentionally toward other goals. If so, the vast manpower pool of those past mid life will not be developed to the best interests of the nation and the fulfillment of life for the individuals themselves. There is at present an unestimated but gross shortage of persons trained in gerontology to enter the field of training the older adult for new social roles. Both researchers and teachers are needed in this facet of gerontology. Some States have institutions of higher learning that can undertake the required research and training, but these are pitifully few.

#### 5. Society and the University

In recent years the universities and colleges of our nation have been under great pressure to expand their facilities to meet the educational demands of the large numbers of young persons born in high birth rate years following World War II. Caught between the tidal waves of young persons to be educated and the constricting forces of limited teaching personnel, budgets, and facilities, the universities became preoccupied, and still are, with their educational relationships with the late adolescent and the young adult. Latent were issues of educating and retraining middle-aged adults or more generally the issue of serving society

through research on life span processes. The university, through the pursuit of knowledge and education, is to serve all society. It is to be expected in the future that more campuses will have balanced student populations by age in which, in addition to the late adolescent, older adults who wish to pursue further serious educational programs will be found.

Among such prospective students are the early middle-aged women who may have had distinguished undergraduate records before marrying and raising a family. Such talent needs the opportunity to be updated in subject matter as well as to be given the opportunity to pursue graduate degrees. Some will wish to pursue education in the tradition of the liberal arts; others may wish to move into professional roles in mid-life, roles that have developed since the days of their undergraduate education, e.g., computer science. Men and women whose careers have been redirected in mid-life may wish to be "retreaded" in an adjacent career area or directed to new ones. To plan for such future roles, the universities will be required to have persons on their staff who have expertise in the motivations, life styles, and capabilities of middle-aged and older adults. Similarly, knowledge will have to be gained about optimum educational methods to be employed with adults who are reentering educational institutions after many years.

In the future, mature adults will be seen more frequently on the campuses of our educational institutions. Little preparation has been made to serve such persons and much constructive discussion must take place about responsibilities and training needs. Adult education itself requires dialogues with gerontologists so that advanced education for the mature adult ceases to be a simple extension of that which is used with the young. Gerontological components of knowledge and skill need to be found in schools of education as well as in the extension programs of the professional schools.

#### L. FORECASTS OF TRAINING NEEDS

The basis of personnel forecasts needs examination. Until the past five years there were no attempts to project needs and anticipate the numbers of those to be trained. Various principles of estimating personnel needs can be used: the market place; or how many unfilled jobs there are at present; interviews with those who hire on the basis of how many they would like to employ, given budget support; per capita of older persons falling into different categories of independent living, handicapped or invalided; the estimated requirements for teaching and preparing teaching materials for different levels of students (to be supplied by educators); questionnaire and interview surveys of administrators with responsibilities in the field; estimates of the needs for trained researchers by researchers now in the field. These various forecasts must be integrated so that the long-term aspects can be seen and proportional commitments be made by administrators and institutions of higher learning.

The foregoing suggests that in order to make such forecasts, a coherent or integrated national policy on training in aging is needed. It would seem that this will not be done without a competent panel giving the matter continuing attention in the years between White House Conferences. There is need for a continuing survey of training activities, their evaluation in relation to evolving national goals, a survey of training methods and materials, and the development of forecasts of training needs in terms of numbers of persons, field of concentration, and dollar costs.

#### M. LEADERSHIP NEEDS

Little or no leadership in the field of training seems to have been exercised by private foundations. This is surprising since support of emergent areas of national concern have been the province of philanthropic investment. Until the start of the broadly conceived Federal training programs by the Administration on Aging and the National Institute of Child Health and Human Development, activity in training was lying fallow. The principle used by foundations in support of their priorities warrants discussion. It seems anomalous that in this decade major foundations can proclaim no interest in aging. The entrance into training in



gerontology by private foundations, if for a limited time, would be distinctly beneficial, since it would offer the opportunity for more flexibility in attempting training innovations.

In view of the responsibilities of State and local government for health, social, recreation, and education services to the aged, some portion of State educational budgets and portions of categorical departmental budget should be directed by policy to support training offered by public and private educational institutions. In those instances in which States have no training center, fellowships for out-of-state study should be provided. Ways of encouraging such government investments in training warrant thorough discussion.

A dynamic national training program needs to be developed and supported that not only can meet those needs that can be presently defined, but which can also remain flexible to future needs. It seems very likely that future generations will arrive at retirement with different attitudes and with rising standards of living and expectations for the quality of life. One can be truly flexible in meeting emergent issues only if one has a rational plan from which to depart. At present the conceptual components of a national policy and program for training appear to be available. They need to be coordinated and provided national leadership and support.

#### N. VISIBILITY

It has been said that the problems of aging are quiet and not visible. In turn, the opportunities and rewards for training for careers in gerontology also need visibility. Other career areas in society have been much more popularized and glamorized in this respect. The potential accomplishments of the field and the accomplishments of the pioneer researchers, teachers, professionals, and lay leaders need publicizing so that others will be encouraged to develop role models for careers in gerontology and are motivated to pursue education and specialized training programs.



## II. LONG-RANGE GOALS

### A. HISTORICAL BACKGROUND

Concern for training in the field of aging has been a relatively recent development. Scientific interest in research on problems of aging reached a high point (1938-41) immediately before World War II. This interest, however, was diluted and distracted as a consequence of the war emergencies. While scientific interest and research resumed a slow growth about a decade later, training did not show any appreciable development until as recently as the mid-1960's.

America grew heavily through immigration, with large waves of immigration continuing well into the 20th century and resulting in a country of young persons. This fact contributed to the lack of values which encourage research training and services to the retired. Dialogues about national goals and the distribution of national resources must necessarily involve the aged, but in such a "total dialogue" few participating in the dialogue would have the background to realize the needs of the aged population.

We have within the United States a population of retired persons that by itself is larger than the whole populations of many major countries of the world. While sharing a common way of life with others of all ages, the "nation of the retired" have special needs of a biological, psychological, and social character. To meet these needs and to improve the quality of life for the retired, a substantially increased effort is required in education and training, an effort that must be carried out at many levels in our institutions.

It is overly simplistic to attribute the slow development in training in aging solely to the economic and professional reward systems of society. However, it is relevant that many older people are poor and most retired persons live on very restricted incomes. The retired have little money for required professional services, let alone elective services. Thus, the professional providing services to most aged persons cannot expect fees for services at the accepted level in his profession. Services for the aged have thus tended to be paid for through institutions or other arrangements such as Medicare, in which there is institutionalized reimbursement. There seems to be little reason to doubt that the inability of retired persons to pay for goods and services has limited the development of specialized activities for their benefit and that this, in turn, has reduced the demand for academic education and professional training related to aging.

Although government officials began to show a keen awareness of problems of an aging population, and especially those of dependent older persons with chronic diseases, in the period shortly before World War II, training did not appear to be viewed as a critical item. It was as though professional leadership thought that existing technology and the number of researchers was sufficient for research and that it only needed to be generally applied in the population to ameliorate problems of older people. There was no indication of an awareness that a well-developed technology or that intensive or specialized training might be needed for those entering the field just beginning to be called gerontology. (The term "gerontology" itself entered our usage about World War I, also indicating the recency of our awareness of problems of older persons.)

In the summer of 1940 a National Advisory Committee on Gerontology was appointed by the Surgeon General of the Public Health Service. At its first meeting the Advisory Committee appointed a subcommittee to foster investigations into the mental problems of senescence. A conference on "Mental Health in Later Maturity" was subsequently held in May 1941. The first unit on gerontology was formed within the National Institutes of Health in 1940 and the Advisory Committee also had as its responsibility the guidance of the newly formed unit. A nation-wide survey of investigations on aging was undertaken during the period, and the results were published by the Public Health Service Unit on Gerontology.

The two-year period 1940-41 was marked by the formation of committees and by many national meetings on the subject of aging, e.g., National Research Council, Medical Clinics of North America, American Chemical Society, and the American Orthopsychiatric Associ-

ation. The focus of these activities was on research, and little evidence exists that training was thought to be an essential accompaniment of expanding research capability in aging. With the formation of the Gerontological Society in May 1945, interest in research was reestablished after World War II and maintained to the present day with concern for training entering the picture in the mid-1950's.

A specialized study section was created in 1946 by the National Institutes of Health to develop research in gerontology, but there is no public evidence that it gave attention to the problem of training personnel to do research. It is quite possible that experts of the period believed that the expansion of traditional efforts in their profession or science would result in solutions to the problems of aging.

It is not now clear how it was expected that manpower was to meet the research and service needs if there was not specific training. The only remaining alternative was to recruit personnel from other areas, which would occur only if there were some areas of over-employment or some that were underpaid. Unless there occur periods of economic depression, it seems most unlikely that an increasingly technological society will ever have significant numbers of persons available for lateral movement into other careers with the possible exceptional circumstance of oversupply in the professions during economic recessions.

One of the large problems of the American university still remains that of the coordination of the many specialties that exist within the academic family. In the area of aging this has to be done in such a way as to retain the benefits of highly specific and skilled technologies while integrating the efforts and knowledge and making results available for improvements in the quality of life within some evolving, broader social polity. To a limited extent, training in gerontology now exists in various forms and to varying depths. Since 1965, new leadership is being trained: a limited number of individuals who, while able to work in depth on specific problems, can see a bigger picture and work with other professions and disciplines.

The reasons for the lag in scientific and professional training in aging are multiple, ranging from professional sectarianism and institutional rigidities to a lack of money for program support. Universities and colleges have been and still are greatly preoccupied with the education of large numbers of young persons born in the fertile years following World War II. It is not unusual to find universities that have expanded their student bodies by 100 percent or more in a ten- or fifteen-year period. Commonly there has not been enough money to support training in existing patterns without seeking to train in new problem areas such as aging. Universities and colleges became rigid and seemingly indifferent to such a pervasive natural phenomenon as aging in the face of massive problems of educating large numbers of new young students with a short supply of teaching staff. A callous-like veneer of indifference to problems of aging and training seems to have been typical of academic institutions of the post World War II period. Institutional overload and competition for attention to many crisis areas were components of the dynamics beneath the veneer. In this climate, expansion of training and education in aging was not likely, and indeed, with few exceptions it did not grow spontaneously. An exception to the general picture was a grant in 1956 from the National Institute of Mental Health to support the development of training opportunities in specialties related to mental health and aging. A subsequent grant from the National Institute of Mental Health and the National Heart Institute further supported the efforts of a research subcommittee of the Gerontological Society. The purpose of the grant was a short-term effort to create a "Multiuniversity Sponsored Training Program for University Personnel in the Field of Social Gerontology."

The project provided intensive indoctrination in aging for 75 university faculties in the basic disciplines and professional fields, produced the handbooks mentioned earlier, together with an account of *Aging in Western Societies* (Burgess, 1960), and five course syllabi. Although a good deal of interest was generated, there was little to encourage or catalyze leadership among those academically responsible for training. Without leadership and funds for the support of training, the field did not move forward rapidly.

When the Union of Soviet Socialist Republics (USSR) launched its Sputnik in 1957, a shudder went through American education; we seemed to be losing a race in which we



regarded ourselves as preeminent. The reaction resulted in a marked improvement in the physical science curricula for high schools. By 1961, reacting to the same impetus, the biologists also made striking improvements in the content of high school instruction. Not involved in the curriculum reforms were the issues of aging or the social sciences generally. There would seem to be no reason why the composition of a distant planet is any more intellectually appealing or intriguing than the discovery of the forces within cells that lead to their development and aging, or why the study of age status systems within different cultures cannot be followed with the same intense interest as a study of the polar ice cap with the aid of an atomic submarine.

Long-range goals for training and education involve the subject matter of aging as a cultural topic. The success of governmental and private efforts on behalf of the retired depends upon the knowledge and insight possessed by the people themselves. In a sense the best knowledge is not that possessed by professors and professionals alone but by all individuals who make up the nation. Building an informed, sensitive, and compassionate population begins in our schools and families. The youth of today has not received any appropriate or proportionate presentation of the subject matter of aging in high school or subsequently in college in either the biological or social sciences curricula. No content on aging is hardly a proper reflection of a balanced culture.

The subject matter of aging has a place, albeit limited, in the elementary school curriculum as part of social studies and as part of biology. At the high school level, along with other information about human existence and our environment, information on aging is appropriate. The biological curricula and the social sciences curricula of our high schools should deal with problems of aging as an accepted matter of course. The many facets of human aging are not topics to be secreted away for adults only, but comprise a vital part of life itself. The biological, psychological, and social facts about human life span should be introduced into all school curricula in the amount and time that are appropriate as part of our culture to develop informed and compassionate viewpoints. In this way we will be preparing for an informed population in the future, one in which the individuals will be better able to anticipate and meet their needs. Also, some younger members of the population so exposed to information earlier in the educational system will be more responsive in their later education to develop careers in gerontology and will provide academic, professional, and community leadership.

It is very difficult to differentiate long-range goals among the various organizations to be discussed. The goals are often intertwined and dependent upon one another, and they interact in various formal and informal ways. Universities and colleges, for example, depend upon Federal and private funds to implement their plans. Nevertheless, an attempt has been made to separate the long-range goals of these organizations so that the different approaches to the development of long-range goals can be distinguished more easily.

## B. GOVERNMENT ORGANIZATIONS

As is often the case, the long-range goals concerned with government institutions primarily have to do with the funding. Recommendations from the reports of nearly all government organizations urge an investment in trained manpower and research in aging. A recommendation for new and enlarged facilities for research and training in gerontology is usually cited in government reports, sometimes with the suggestion of joint funding by the various Federal agencies providing support for training and research in aging. Calls for additional funds are also made to further curricula on aging in colleges and professional schools, for short-term training of professional, paraprofessional, and subprofessional personnel, and for volunteers.

In the 1969 U.S. Department of Health, Education and Welfare report, it was recommended that Administration on Aging, along with the Office of Education, the Public Health Service, the Office of Economic Opportunity, the Department of Labor (Manpower Development and Training Act), and other units of the Social and Rehabilitation Service, develop and provide (directly or by grant and contract) opportunities for training personnel,



including middle-aged and older persons, to serve as aides and technicians in the wide range of programs for older people. (See also page 68 of this report.) They suggest this effort should include:

- (1) Development and testing of model short courses by Federal agencies, colleges, universities, and professional organizations;
- (2) Strong efforts to encourage widespread offering of such courses by educational and other appropriate agencies;
- (3) Greater utilization of funds available under Titles III, IV, and V of the Older Americans Act, the Vocational Education Act, the Manpower Training and Development Act, Title I of the Higher Education Act, relevant provisions of the Public Health Service Act and of the Social Security Act, and other appropriate funding programs;
- (4) Experiment and innovation in the use of field experience as a training device; and
- (5) Testing the effectiveness of various devices, including payment of stipends, for attracting trainees to short courses.

It is also suggested that Administration on Aging follow this same procedure in fostering short-term training for currently employed professional and paraprofessional personnel in order to increase the supply of such persons qualified to serve the older population as quickly as possible. In addition, the Administration on Aging, in cooperation with selected universities with gerontologically-oriented faculty throughout the country should develop and underwrite the cost of summer training institutes for teachers of short courses. Attendance at these summer institutes should be urged for practitioners in agencies serving older people as well as for other interested members of the community.

Probably one of the most important and yet least mentioned goals for training in aging concerns the facilities for the various training programs. There are no funds available to support the construction of university centers for training, research, and related purposes in aging. In a supporting recommendation, the U.S. Department of Health, Education, and Welfare suggests that the Administration on Aging, the Public Health Service, the Office of Education, the Department of Housing and Urban Development, and other Federal agencies, as appropriate to their objectives and programs (U.S. Department of Health, Education, and Welfare, 1969a), should be authorized to provide financial assistance for the construction of model multiservice senior centers, housing projects, and personal care and nursing homes, to be operated in conjunction with training and research programs in universities and professional schools. Plans for such model facilities are described in the report.

In a report on the training needs and mechanisms in gerontology, the Advisory Council of the survey for National Institute of Child Health and Human Development (U.S. Department of Health, Education, and Welfare, 1968) unanimously endorsed the following goals:

- (1) Increase the number of individual research projects being supported;
- (2) Reestablish career awards in gerontology;
- (3) Increase the number of program projects being supported;
- (4) Increase the number of training program grants being supported;
- (5) Establish more post-doctoral fellowships;

(6) Establish pre-doctoral fellowships in gerontology;

(7) Establish university chairs in gerontology.

Members of the Advisory Council vigorously expressed the need for strong regional units of research and training in aging. They suggested a variety of approaches (U.S. Department of Health, Education, and Welfare, 1968, pp. 55-56):

(1) University-based regional programs.

a. Existing university programs, substantial enough to warrant it, should become true regional centers and receive the necessary support to extend their facilities and resources of expertise into the surrounding regions.

b. Where suitable university aging centers do not exist, they should be created.

c. University-related National Institute of Child Health and Human Development regional centers.

We urged NICHD to establish regional offices and activity programs on suitable university campuses or in close enough relation to suitable universities so that they may utilize that university's resources in aging to complement their own efforts in reaching out to institutions in the region. An approach such as this combines the accessibility of the initiating and funding agency with the resources of an established university program.

(2) The regional consortium.

This approach suggests combining—or more appropriately, coordinating—the efforts of several institutions in a given region which have already developed fairly substantial activities in gerontology or who have expressed interest in developing such activity. The benefits of such an approach include the following:

a. The "isolates" can be reached and brought into the mainstream of gerontological activity.

b. Regional centers based on the consortium as an administrative unit make possible maximum use of existing resources for training and assure more effective promotion of gerontological activity in the region.

c. It improves the effectiveness of communication among institutions and among researchers in the region, thus reducing duplication of effort and encouraging cooperation.

(3) Longer commitments of funds.

a. Long-term commitment is essential to the continuity of the research itself.

b. Long-term commitment will facilitate the task of recruiting both senior and junior personnel by offering more attractive long-term commitment (financial) to them.

c. Long-term commitment will encourage and sustain institutional administration interest and commitment.

Hopefully, following such long-range goals would make geographic shortages less critical.



Obviously government organizations are committed to the goal of improving and increasing training in aging, but it is now necessary for them to secure administrative support and to commit the funds necessary to implement the recommendations.

The requirements of training in gerontology or problems of aging require facilities that make colleagues from several disciplines for teaching and research available. Gerontology centers or institutes within universities can provide leadership to a State and region. In each major region of the country there should be at least one major interdisciplinary center. A goal of five to six such major centers by 1976, and 9 or 10 by the year 1982 appears to be conservative and realizable. Without the creation of such centers and without their receiving support for scholarships, traineeships, research projects, and related functions, it is doubtful whether a high quality training effort can be mounted over the next ten years. The cost of establishing such leadership centers is small indeed. Without them, it seems unlikely that dynamic training programs in aging with the capacity for innovation and self reform and evaluation is possible.

### C. UNIVERSITIES AND COLLEGES

The long-range goals of universities and colleges are mainly concerned with curricula, research, and teaching facilities and the quality of the faculty and student body. The question of how best to implement the goals of universities to serve the greatest number of interested persons in the most effective manner is of great concern. Kleemeier and Birren (1967) suggested a goal in which the first four years should emphasize the establishment of major training programs in selected graduate schools. This strategy would concentrate interested people at central locations. Centralization is considered more desirable than the less efficient process of introducing a little training into each of many schools. Kleemeier and Birren believe that the departments of direct concern in the social sciences are psychology, sociology, and anthropology, but they also feel that at least one program in economics and political science should be established. Biology training and research is an essential component of a Gerontology Center. In addition, such fields as social work, education, psychiatry, public administration, and public health, and the professional schools should have training programs with goals of twice the enrollment of the sciences.

Kleemeier and Birren (1967) also suggest the training of 5,000 doctoral-level personnel as an appropriate 10-year goal for all sciences related to gerontology. By 1976, there should be between 1,500 and 2,000 active trained researchers in each of three areas: biological sciences, physiological and medical sciences, and behavioral and social sciences. They maintain that the present commitments are not enough; new training programs must be started.

As rapidly as resources permit, universities and colleges should be stimulated to introduce aging as a subject field for study and research at the masters and doctoral degree level. More qualified persons are needed to train the future practitioners and researchers to keep up with the projected demand. At the same time, more field training opportunities are needed to acquaint the trainees with the problems they will be encountering. A straw man in a guise of a generalist or a specialist is needed—both are needed. The basic questions until now have been where to get the funds to pay for the training and at what level to begin, i.e., undergraduate, graduate, or postgraduate. There cannot be good general training in gerontology unless there exist training and research centers that have competent teachers within the specialties. A good physician is a generalist and must know anatomy, physiology, pharmacology, and the knowledge from other special disciplines. Similarly, a generalist in gerontology will have to know some elements of biology, psychology, sociology, economics, social work, and government policy. These subjects can best be taught in institutions that have senior staff who have devoted their careers to research and teaching on aging within a speciality. It is unreasonable to expect that you can have good generalists produced by cookbook teaching within the specialties. Good training, good research, and good service go hand-in-hand, as do qualified generalists and specialists.

Although it is felt that at this time training should be carried on within the specific disciplines, it is clear that the trainees should be afforded the opportunity to talk and discuss



issues with those in other disciplines. To foster collaboration on projects of mutual interest, the programs of research and training in aging should be housed in a central facility to facilitate such communication.

This exchange of ideas should not be limited only to interdisciplinary mechanisms within one university; there should be an exchange of ideas among various institutions. National Institute of Child Health and Human Development (U.S. Department of Health Education, and Welfare, 1968) suggest a Visiting Scientist program in which distinguished gerontologists would be recruited to give a limited number of days to visiting other campuses where there is a potential for development of interests and activities in aging. These visiting scientists and lecturers would be available for lectures to undergraduate and graduate students, and would be available for consultations with students interested in the possibilities in the field of aging, and with faculty interested in exploring both the teaching and research possibilities. Moreover, they would help to upgrade existing research in aging by their advice and by the moral support they would give to the one or two isolated persons on campus working in aging.

Another suggestion to eliminate this feeling of isolation among the "lone" gerontologists is the development and sponsorship, by present training centers, of short-term training seminars (not less than two weeks) addressed primarily to faculty.

An extension of the Visiting Scientist program, the Resident Visiting program (Ibid., 1968), has all the benefits of the former, but the impact would be greater because it would extend over a longer period of time. Such a program would require that the universities receive financial assistance in order to invite scientists to spend periods of as much as six months to a year on their campuses as resident Visiting Scientists in the field of aging.

An additional recommendation in the National Institute of Child Health and Human Development report (Ibid., 1968) concerns what it terms Town-Gown collaboration. It suggests that universities should seek collaboration with non-academic institutions in the field of aging. The report notes that the problem of standards will exist, but this could be met by increasing the support for research to non-academic institutions and by encouraging their affiliation with local academic institutions.

Colleges and schools of education should be encouraged to provide short-term training in gerontology to primary and secondary school teachers who, in turn, may incorporate appropriate material into courses in the curriculum. In time, such efforts may lead to including content on aging into career preparation for teaching at the primary and secondary school levels.

Vocational educational facilities should develop curricula designed to prepare trainees for employment as community aides, senior center aides, housing and other program aides, and for incorporation into existing training programs of a more general nature.

Along this same line, local vocational schools and junior and community colleges should offer courses and recruit students for training in technical occupations which are essential to the provision of services for the older population. A special effort should be made to recruit from groups such as military service retirees, housewives, or retired persons generally who are seeking a new career in the subprofessional or technical positions in aging.

There is a general impression that preoccupations of the leadership of universities and colleges have resulted in relatively little attention being given to the development of gerontology. One mechanism for improving the atmosphere for administrative support in universities is to conduct one- or two-day regional briefing sessions for university and college administrators. Such briefing sessions should present the picture of the needs of society and individuals, the requirements for training and research, and ways in which training can be supported by Federal and private agencies.

More persons need to be exchanged for short intervals between universities, colleges, research institutes, professional centers, governmental groups, and other activities to provide a rounded education in gerontology to selected persons. Such training exchanges should also include institutions abroad where values and program emphases may be quite different and thereby offer training and opportunities for insight that will later be useful. Personal and institutional flexibility comes from insight into alternative ways of approaching the same problem. Institutional exchanges should appropriately include associations for retired persons

since they offer unusual opportunities to study and work with large and important organizations of older persons. In this view, the goal of a program of student exchange would involve visiting associates in the sciences, in the professions, and in administrative roles.

#### D. FISCAL GOALS

It is extremely difficult at present to do a rational, quantitative analysis of potential or future need for trainees and, accordingly, for goals for funds. Most reports evade the issue simply by expounding on the need for vast increases of funds. The National Institute of Child Health and Human Development report (U.S. Department of Health, Education, and Welfare, 1968) stated the minimum increase in funds could be estimated and urgently recommended that present appropriations for research and training be doubled over the next five-year period. In addition, it stated that the crucial point in the matter of funds is how the money is spent—not how much money is available. More and different ways of making these monies extend, expand, and diversify the mechanisms for training are to be emphasized.

Quantitative projections of training suggest that at least 25% of the growth rate of the social sciences during the next five years should be in training programs emphasizing gerontology (Kleemeier and Birren, 1967). Also, as already mentioned, by 1976 there should be between 1,500 and 2,000 trained researchers active in the behavioral and social sciences, the biological sciences, and the physiological and medical sciences. Forecast data, which are needed to develop long-range fiscal goals, were unavailable for other professions and disciplines.

The quality of life for future generations of retired Americans rests heavily with our current and expanded efforts in training. Costs of present training and that required over the next decade have to be viewed partly in terms of the reduced costs to the nation by insuring that a greater proportion of the retired will be healthy, independent adults. Also, training costs should be viewed as a direct investment in a large part of our population in whom our traditions command our concern and interest. The cost of existing training shares a currently restricted economy, and efforts must be made not only to stretch present dollars but also to increase the share of money for training in aging in national, local, and private, budgets.

#### E. PROFESSIONAL AND SCIENTIFIC SOCIETIES

Hardly any information is available concerning the long-range training goals of professional and scientific societies. Discussion should be given to the possibility that such goals could be developed through a joint effort of relevant societies.

A Consortium of Societies for the Aged and Retired (CONSAR) could be initiated to have committees establish goals and programs for research, training, services, products, and public policy. Constituent societies could be those in the relevant professions, sciences, and associations of retired persons. Such organizations, while serving their constituents, could lend their collective efforts to catalyze mutually desired goals, including an increase in the amount and quality of training. The communication gap has been great between the associations of the retired and the professional and scientific societies, with a resulting failure to support mutually important activities. While the major goals and activities of the three types of organizations are very different, their purposes are complementary. Currently there is in our society a mistrust of the sciences and of the professions. While this mistrust may be born partly out of some real examples, it also results from the lack of communication on issues which are of mutual concern.

The associations for the retired represent millions of older persons who are concerned with the quality of life in retirement and are spokesmen for their needs when public policy is discussed. Their interaction with scientific and professional organizations will tend to insure that our planning and training in the sciences and professions will reflect compassion for the individual and concern for the needs of society. From the viewpoint of the retired person, the consortium approach would insure that the benefits of science and professional advances would be directed toward improving the circumstances of life in the later years. Public support



of the programs of the sciences and professions by the millions of retired persons can only be brought about by greater mutual understanding. While the preoccupations and activities of the organizations of the sciences, professions, and the retired are by necessity with different issues there is a very important interface that could be served by a consortium. One of the most important interfaces is that of training which is badly in need of planning and policy support.

## F. EDUCATION AND INFORMATION TECHNOLOGY

Since training in aging is in a relatively early stage of development, special effort might be directed toward the goal of utilizing contemporary educational technology. Many advanced techniques are available in education that should be adapted for use in training in gerontology. Little interest has yet been expressed for the use of programmed instruction, closed circuit television, rotating field placements, and counseling methods in the field of aging.

In a multidisciplinary field such as gerontology, the exchange of ideas is often hampered by the inaccessibility of information. The journals of interest to biologists are foreign to sociologists and, conversely, biologists are not at all familiar with the journals in which psychologists publish. Additionally, practitioners working in the field probably do not have easy access or opportunity to read any of the articles in scientific journals on pertinent topics. Thus it is unlikely that aging specialists in different disciplines would come across another's work.

Journals such as the *Journal of Gerontology* and *The Gerontologist* help to solve this problem of accessibility as they publish material on aging from all disciplines. To remain visible in their own disciplines, however, specialists in aging must publish in the journals read by scientific colleagues within their own specialty. For this reason, interdisciplinary journals in aging meet some but not all of the needs for information management.

One innovation that has been of great benefit to gerontologists was the trial publication of *Adult Development and Aging Abstracts* by the National Institute of Child Health and Human Development (U.S. Department of Health, Education, and Welfare, 1969, 1970). This publication provides investigators with complete references to current publications on aging including journal articles, books, reports, films, symposia, and theses. Articles of interest to aging specialists in the biological, medical, social, and behavioral sciences are indexed.

Research data are not the only kind of information that is difficult to manage in the field of gerontology. The large number of agencies and institutions studying and serving the aged provide numerous programs and are supported by many different sources. One of the goals to be considered is the creation of an information clearinghouse capable of serving as a comprehensive source of information on programs and funding sources which might accelerate progress in research, training, and service in gerontology. One of its functions might be a survey of the materials for training. Current materials are scattered and difficult to find, but before new materials are developed, prior materials should be identified and evaluated.

Information management is an especially problematic issue in training in gerontology because gerontology covers such broad and divergent fields. This issue, however, is not by any means unsolvable. A relatively small amount of money would provide sufficient access to equipment and personnel to organize research data and other important information efficiently. Some steps have already been taken in this direction, and with a few additional measures, the image of gerontology as a fragmented, disorganized field might be transformed.

## G. NATIONAL TRAINING RESOURCES

Integration of national training resources is also a goal to be considered. Many national institutions such as the Veterans Administration, Atomic Energy Commission, Public Health Service, and other organizations have facilities and populations that offer excellent training opportunities. Perhaps, these could be made more available to scholarship students and trainees who are pursuing research training or professional training. If not an integrated plan, at least a national roster of such facilities would seem to be in order. In particular, the



Veterans Administration is a key institution needing more personnel specifically trained in aging and one that has facilities for providing better training in collaboration with universities.

#### H. LICENSING, CERTIFICATION, AND QUALITY CONTROL

If one of the long-range goals is to improve the quality of training and service, the implications of a trend toward increasing certification of personnel should be examined.

Pressures may be created by retired persons and by government groups for quality control measures in the form of certification or licensing. If such occurs, there will be calls for instant training programs for which our institutions of higher learning will be poorly prepared to respond. At the present time few of the major professions are requiring any time in the curriculum for the subject matter of aging. Inadvertently, professional and institutional rigidities may be contributing to a failure to advance the quality of service to the aged. It would appear that some professions have been slow to respond to the needs for higher quality of services to the aged and for more adequate training. Often there is the justification that there are inadequate numbers of trained personnel available and that insisting on higher personnel standards will only result in making a marginal situation worse. However, the circle of events must be broken up by the interjection of training at many levels. At the present time, it is possible for many professional persons to render services to the aged without having had any training in formal education for the role or without having had any supervised graduate or postgraduate experience in dealing with the special problems of later life.

#### I. A PERSPECTIVE ON LONG-RANGE TRAINING GOALS

The preceding implies a goal of a greater degree of institutionalization of effort in training. How to avoid the rigidities in our institutions is a point that warrants discussion. Lack of public standards for personnel and institutions is regarded as being accompanied by low quality of services with little evidence of efforts to seek advanced training at centers of higher learning or through inservice training. Properly channeled, increasing institutionalization of standards can lead to improvements in the quality of institutions, services, and products. However, means should be built into formal quality control measures to keep them contemporary and abreast of advances in the sciences and professions and to assure a balanced representation of the constituent groups on the policy making and enforcement bodies, thus providing for public response.

It has been said that one cannot organize a training program around an age group, but that one can organize training around a problem. To a considerable extent this is defensive rhetoric since much scientific and professional training is already effectively organized around children. It has also been said that there are no specific diseases of the aged, they occur in younger persons as well. Presumably this justifies attention to training in the processes of disease but not to the characteristics of the host organism. However, there has emerged a plausible point of view that the nature of the problems of many older adults and the interaction among such factors as health, economics, and social life comprises an important area for study both practically and scientifically.

It has become strikingly clear in recent decades that the problems of aging and the long-range goals of training are open ended as they will always be in an advanced society. Only advanced technological nations provide the basis for successful survival to the later years and the support and care of large populations of retired persons. Training in aging is a long term investment, and we are but in the beginning phases of forming a perspective on the magnitudes and the requirements of our training efforts.

The professions and the sciences have been slow to develop specialized training programs in aging and to some extent this may be due to the prestige and monetary reward systems within our institutions. However, it would also seem that there is a public expectation that a portion of the scientific and professional community will devote their careers to the study of aging.

### III. KNOWLEDGE AVAILABLE

Earlier in this paper the need for a comprehensive synthesis and evaluation of the information and materials available for training in aging was emphasized. An attempt will be made in this section to present data and sources of information on training in gerontology, but this attempt is in no way a substitute for a designed, long term effort that should be made to collate such information.

#### A. DOCTORAL TRAINING IN THE SCIENCES

Basic to a long-range concern with the quality of training is the vitality of the sciences. Application of knowledge must rest upon a base of scientific advances, and it is for this reason that attention must be given to the amount and quality of training in the sciences.

Training scientists for careers of research in aging has traditionally involved training in a basic discipline with substantive interest in aging. Most academicians insist that students must be trained in the methods of a specific discipline first and then stimulated and encouraged to apply that basic approach to aging. Thus, instead of producing gerontologists, training programs in the sciences have prepared specialists such as biologists, psychologists, and sociologists to work in the area of gerontology.

The debate about whether to produce generalists or specialists in aging has been impressively argued by both sides. Kuhlen (1967) summarized the arguments for a single disciplinary approach and reduced them to three areas of concern: the need for training in depth, the need for a strong and continuing identification with the discipline representing the major source of concepts and techniques, and the need for effective recruitment of students and placement of newly trained scientists. Without repeating these arguments in this paper, suffice it to say that the arguments presented by Kuhlen are those generally adopted in shaping the approach of the majority of research training programs in gerontology.

An index of the growth of training and research in gerontology is the annual number of doctoral dissertations on aging accepted by American universities. Since data of this sort had not been previously compiled, the Gerontology Center library at the University of Southern California undertook a survey for this purpose (Moore and Birren, 1971). Although the quality of dissertations is somewhat variable, the population of dissertations has some validity as an indicator of trends. It is expected that the data provide an objective basis for estimating the current state of gerontological training and research in relation to national needs. Without such a comprehensive data base, it is impossible to know whether or not the field is showing progressive development in relation to national priorities or where it stands relative to other academic areas. This study is, in effect, a report on the state of gerontological research in the academic community. (For details of the data source and analyses, the reader should consult the American Doctoral Dissertations, 1967-1968; Index to American Doctoral Dissertations, 1955-56-1966-67; Doctoral Dissertations Accepted by American Universities.)

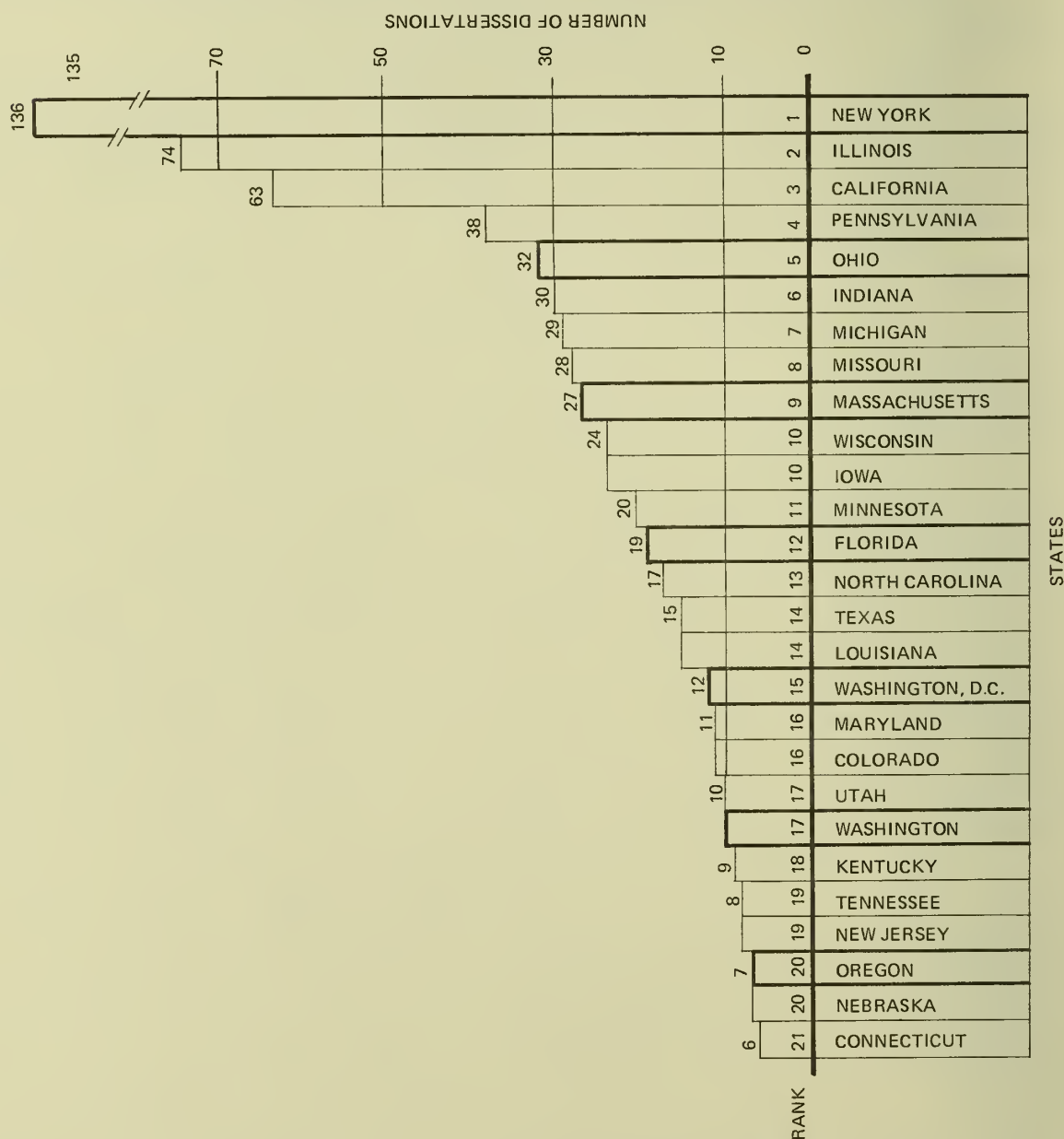
A second search was made for all doctoral dissertations on aging between 1934 and 1969 by scanning all titles listed in the series commonly known as *American Doctoral Dissertations*. This series from 1934 to 1968 listed approximately 95% of all doctoral dissertations accepted by American universities and colleges. The listings were gathered from the institutions of higher learning themselves under the auspices of the American Council of Learned Societies and the National Research Council. The information retrieval from *American Doctoral Dissertations* is presumed to be as accurate and complete a source as the authors could determine existed. The one major exception to this statement is that the 1969 data were not available at the time of writing and that the 1968 errors, which will be reported in the 1969 volume, were not published yet. Despite this limitation for the most recent two years, the authors believed that inclusion of the 1968 figures available (nearly 90%) and the 1969 figures (approximately 30%) should be included.

Dissertations were classified by subject matter, institution of origin, and State. In the period 1934-1968 there were 262,151 dissertations prepared in all scholarly fields. Of this



number, 667 were on problems of aging, or only 0.25 percent of the total. Limiting consideration to dissertations in the biological, medical, psychological, and social sciences, there were 142,193 dissertations of which 667 on aging were only 0.5 percent of the total, still a very small number in total scientific and scholarly activity in relevant fields. The analyses of doctoral dissertations indicated that there has been relatively little emphasis on the study of aging within each of the academic disciplines. In view of the small amount of academic training and research that has been devoted to aging, special efforts appear warranted to expand recruitment, teaching, research facilities, and opportunities for graduate students to develop careers in the subject matter.

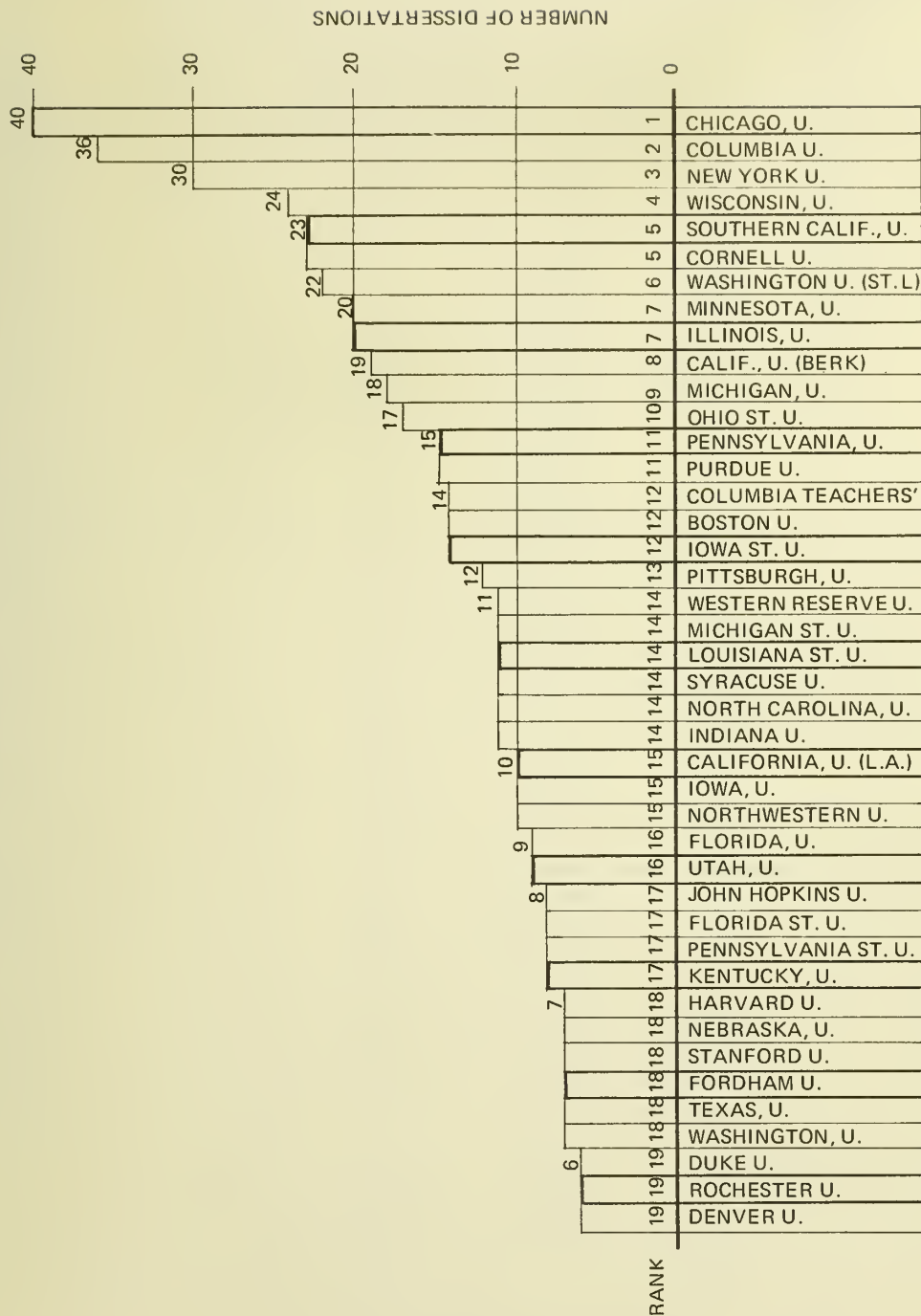
FIGURE 2.—DOCTORAL DISSERTATIONS (BIOLOGICAL, MEDICAL, PSYCHOLOGICAL, AND SOCIAL SCIENCES) ON PROBLEMS OF AGING BY STATES, 1934–1969



Source: Julie L. Moore and J. E. Birren. "Doctoral Training in Gerontology: An Analysis of Dissertations on Problems of Aging in Institutions of Higher Learning in the United States, 1934–1969." *Journal of Gerontology*, 26, No. 2, April 1971.



FIGURE 3.—DOCTORAL DISSERTATIONS (BIOLOGICAL, MEDICAL, PSYCHOLOGICAL, AND SOCIAL SCIENCES)  
ON PROBLEMS OF AGING BY UNIVERSITIES, 1934–1969



UNIVERSITIES

Source: Julie L. Moore and J. E. Birren. "Doctoral Training in Gerontology: An Analysis of Dissertations on Problems of Aging in Institutions of Learning in the United States, 1934–1969." *Journal of Gerontology*, 26, No. 2, April 1971.

Ranking the States in order of numbers of dissertations on problems of aging from institutions within the State, New York, Illinois, and California are the three top States in order of rank. Some States have not had an institution that produced a single dissertation on aging in the 35-year period.

Ranking the institutions of higher learning by number of dissertations, University of Chicago, Columbia University, New York University, University of Wisconsin, University of Southern California, and Cornell University are the leading insitutions in order of rank.

TABLE 3.—DOCTORAL DISSERTATIONS  
ON PROBLEMS ON AGING AS A  
PERCENT OF TOTAL NATIONAL  
PRODUCTION, 1934–1968

Year	All disser- tations	Number on aging	%
1934	2,620	7	.26
1935	2,649	4	.15
1936	2,683	8	.29
1937	2,709	3	.11
1938	2,768	7	.25
1939	2,928	8	.27
1940	3,088	7	.22
1941	3,526	6	.17
1942	3,243	3	.09
1943	2,689	2	.07
1944	2,117	5	.23
1945	1,576	4	.25
1946	1,708	3	.17
1947	2,587	4	.15
1948	3,609	6	.16
1949	4,853	5	.10
1950	6,510	16	.24
1951	7,477	18	.24
1952	7,661	21	.27
1953	8,604	22	.25
1954	9,000	26	.28
1955	8,812	28	.31
1956	8,699	29	.33
1957	8,363	25	.29
1958	8,799	20	.22
1959	9,295	18	.19
1960	9,927	25	.25
1961	10,343	30	.29
1962	11,827	30	.25
1963	13,108	51	.38
1964	13,576	30	.22
1965	15,693	29	.18
1966	16,928	47	.27
1967	20,401	31	.15
1968	21,775	89	.40
1969	unavailable	40	--
Total		707	

Source: Julie L. Moore and J. E. Birren, "Doctoral Training in Gerontology: An Analysis of Dissertations on Problems of Aging in Institutions of Higher Learning in the United States, 1934–1969." *Journal of Gerontology*, 26, No. 2, April 1971.

TABLE 4.—DISSERTATIONS ON AGING (1934–1969) BY  
ACADEMIC DISCIPLINE AND ASSUMED SEX OF AUTHOR

Discipline	Male	Female	Total	Percent of female
Biological sciences	104	18	122	14.8
Health sciences	22	7	29	24.13
Psychology	144	58	202	28.7
Sociology	105	33	138	23.91
Public welfare, ad- ministration, and law	18	7	35	20.0
Social work	7	4	11	36.4
Education	61	26	87	29.9
Economics	74	6	80	7.5
Literature	2	1	3	33.3
Total	547	160	707	22.6

Source: Julie L. Moore and J. E. Birren. "Doctoral Training in Gerontology: An Analysis of Dissertations on Problems of Aging in Institutions of Higher Learning in the United States, 1934–1969." *Journal of Gerontology*, 26, No. 2, April 1971.

Considering the pervasive nature of aging as a phenomenon of living things, the low level of doctoral study of the subject matter is surprising. There have been so few scholars produced in the subject matter areas that there is limited possibility of early expansion of educational activity and professional services of a specialized type.

Precisely how much effort, absolutely and relatively, should be devoted to graduate instruction and research in aging is moot. Of all scholarly fields covered in the analysis, two percent of total dissertations produced on problems of aging would be defensible in terms of scientific importance and in terms of generating a knowledge base for professional practice. In 1968, a year of high activity, a minimum effort of two percent would have resulted in 435 dissertations; actually only 89 were produced.

If one limits consideration to only the four academic fields most relevant, i.e., biology, medical sciences, psychology, and social sciences, two percent of the total between 1934–1968 would have yielded a total of 2,844 dissertations on aging. In this period, a total of 142,193 dissertations were written in biological, medical, psychological, and social sciences of which 667 (about 0.5 percent) were on problems of aging.

The question of why so little training has been carried out, or more importantly, how much training in aging should be carried out has to be answered field by field. In some professions, like medicine and social work, perhaps half of the services actually or potentially required are for persons in whom the processes of aging play a significant role in the nature of the problems presented. The backgrounds of professionals dealing with such problems would best include exposure to such information as the biology and physiology of aging, the psychological and social processes of aging, and the nature of societal organization and the aged. This instruction requires knowledge gained through research and presented by teachers who know and can evaluate such knowledge in relation to the professional problems presented. Such teachers are not available now because relevant disciplines have not produced the knowledge base and trained personnel.

From many viewpoints, training in aging has to be increased within a broad range of disciplines, e.g., genetics, developmental biology, developmental psychology, anthropology, and sociology, to name a few. In the fields of developmental biology and developmental psychology perhaps one-fourth to one-half of the dissertations per year might be expected to deal with the scientific issues of changes in the mature organism. However, up to the present, senescence of the organism has only rarely been investigated or taught as a subject matter in



TABLE 5.—DOCTORAL DISSERTATIONS IN THE UNITED STATES (1934–1968)

Year	Biological sciences <sup>1</sup>		Medical sciences <sup>2</sup>		Psychological sciences		Social sciences <sup>3</sup>	
	Total no.	No. in aging	Total no.	No. in aging	Total no.	No. in aging	Total no.	No. in aging
1934	583	1	43	2	104	3	606	1
1935	608	2	28	1	101	1	648	0
1936	615	2	43	0	118	1	603	5
1937	594	2	24	0	112	0	669	1
1938	660	3	41	1	108	1	719	2
1939	722	1	40	0	123	2	700	5
1940	776	1	48	0	120	2	733	3
1941	809	1	59	0	117	3	881	2
1942	787	2	60	0	125	0	846	1
1943	667	0	45	0	95	0	680	2
1944	478	1	36	0	76	1	576	3
1945	325	1	25	0	53	3	465	0
1946	318	0	43	0	64	1	517	2
1947	562	2	42	0	106	1	732	1
1948	832	0	64	0	150	2	875	4
1949	1,031	0	103	1	248	0	1,265	4
1950	1,424	3	135	1	366	5	1,186	7
1951	1,654	1	278	1	524	10	1,860	6
1952	1,860	2	167	1	632	12	1,708	6
1953	2,166	4	172	1	676	14	2,050	3
1954	2,352	2	157	3	735	12	2,162	9
1955	2,308	5	172	2	740	10	2,055	11
1956	2,002	9	155	0	727	11	2,062	9
1957	2,010	0	136	1	569	16	2,166	8
1958	2,120	1	113	0	628	9	2,365	10
1959	1,954	4	130	0	687	10	2,387	4
1960	2,263	5	220	1	634	12	2,557	7
1961	1,569	4	168	0	666	13	2,681	13
1962	1,796	3	196	1	738	14	3,133	12
1963	1,932	4	237	1	796	30	3,392	16
1964	2,686	6	245	1	854	13	3,629	10
1965	2,863	7	269	1	828	11	4,228	10
1966	3,117	9	317	3	983	16	4,517	19
1967	3,857	3	360	0	1,151	18	5,309	10
1968	4,154	33	439	1	1,210	26	6,003	29
1969	unavailable	9	unavailable	1	unavailable	13	unavailable	17 <sup>4</sup>
Total								707

Source: Julie L. Moore and J. E. Birren. "Doctoral Training in Gerontology: An Analysis of Dissertations on Problems of Aging in Institutions of Higher Learning in the United States, 1934–1969." *Journal of Gerontology*, 26, No. 2, April 1971.

<sup>1</sup> Includes agricultural sciences.

<sup>2</sup> Includes health sciences and human development.

<sup>3</sup> Includes religion, education, and physical education.

<sup>4</sup> Complete figures for 1969 dissertations were unavailable at time of printing.

graduate programs in developmental biology and developmental psychology. Faculty members in such disciplines are largely ignorant of the processes of aging even though aging can rationally be considered as part of natural developmental phenomena.

## B. SURVEYS OF TRAINING

Data on gerontological training has been previously presented in three main sources: *A Survey of Training Needs and Mechanisms in Gerontology* (Gerontological Society, 1968); *The*

*Demand for Personnel and Training in the Field of Aging* (U.S. Department of Health, Education, and Welfare, 1969b); "Education and Training in Gerontology-1970," (Gerontological Society, 1970). Each of these sources is used extensively in this report.

## 1. Survey of Training Needs and Mechanisms in Gerontology

In the Spring of 1964 informal discussions between representatives of the Adult Development and Aging Branch of the National Institute of Child Health and Human Development and of the Gerontological Society were held, and in June 1965, a formal contract was written for the Society to undertake a survey of research and training in the basic areas of gerontology (excluding the applied areas). At the annual meeting of the Society in November 1965, it was decided to send mail questionnaires to the entire American membership of the Society. A total of 1,750 questionnaires were mailed and 467 questionnaires (26%) were returned. Of the questionnaires returned, 203 contained information which could be tabulated, and this information represented 159 institutions.

Since the survey was undertaken to explore mechanisms, interviews were focused toward needs and prospects for training in gerontology to further in-depth data collection. Twenty-six institutions representing various regions of the United States were selected for investigation. Data from the interviews were analyzed and presented in the form of conclusions and recommendations in the study.

The two parts of this National Institute of Child Health and Human Development survey provide quantitative and descriptive data on gerontological training in the basic sciences supported by agencies other than the NICHD.

## 2. Demand for Personnel and Training in the Field of Aging

Since the National Institute of Child Health and Human Development survey covered only the activity in the basic sciences, further data on professional and applied training in gerontology needed to be gathered. Under contract with the Administration on Aging, the Surveys and Research Corporation of Washington, D.C. undertook such a study in 1968. This study resulted from a provision of the Older Americans Act Amendments of 1967 calling for an evaluation of "(1) the immediate and foreseeable need for specialized trained personnel to carry out the broad objectives set forth in Title I of the Act, and (2) the availability and adequacy of educational resources for persons preparing for work in the field of aging."

Although the procedure for the Surveys and Research Corporation survey is not described, there is a brief mention of some of the sources of the data. The National Association of Housing and Redevelopment Officials and the National Recreation and Park Association received grants from the Administration on Aging for studies of personnel needs in the specific fields of retirement housing and recreation for the aged. Summary data from these two studies, as well as new data collected by the Surveys and Research Corporation, were incorporated into the report. Most of the information presented in the report was already in existence, so the report merely served to collect all data on manpower in the applied fields of gerontology under one cover.

## 3. Education and Training in Gerontology-1970

The editors of *The Gerontologist* contacted directors of all known training degree granting programs in gerontology. Contributors responded to a lengthy series of questions and prepared and submitted material which was printed in *The Gerontologist* (Gerontological Society, 1970). In Part I of the article, the Administration on Aging and the National Institute of Child Health and Human Development funded programs are described along with several other programs funded in other ways (Duncan, 1970). Part II describes training programs funded by the National Institute of Mental Health along with several other interesting training projects (Anderson, 1970). The scope of this material is of great interest for it simultaneously shows growth and gaps in gerontological training and education.

#### 4. Academic Programs

Most of the gerontology training settings are academic, and a large part of the training is in the form of course work. Hence the number and types of courses offered in the various disciplines serve as a good index of the activity in the respective disciplines. Table 6 presents the number of courses in 1968 which included some content in aging by major discipline, and Table 7 shows the percent of course material dealing with aging by discipline. Although there were more social science courses dealing with aging, the social sciences (with the exception of

TABLE 6.—COURSE CONTENT IN AGING BY DISCIPLINE

	Biological	Psychological	Sociological	Other	Combination	No information
Major content of courses	68	61	81	54	74	1

Source: The Gerontological Society, 1968. "A Survey of Training Needs and Mechanisms in Gerontological Society," p. 119. (Mimeographed.)

psychology) devoted the least amount of course time to aging. Courses in biology, psychology, and social work ranged from courses devoted almost entirely to aging to those which touched on it only peripherally.

TABLE 7.—PERCENT OF AGING COURSE MATERIAL BY TYPE OF COURSE

	Biology	Psychology or Psychiatry	Medicine	Social welfare	Sociology	Gerontology	Economics	Other
Percent of material dealing with aging:								
0—25%	30	24	18	19	30	2	2	27
26—50%	6	6	3	1	2	2	1	9
51—75%	0	1	0	0	1	2	0	2
76—100%	22	27	4	10	3	55	1	18
No information	1	1	0	0	0	1	2	6

Source: The Gerontological Society, 1968. "A Survey of Training Needs and Mechanisms in Gerontological Society," p. 124. (Mimeographed.)

The survey undertaken in 1968 also indicated that there has been a continuous increase in the number of courses offered in aging each year, a similar increase in the number of specialized courses, and an increase in the number of students in programs leading to research specialization.

While courses in aging have been offered by a large number of different departments in 159 institutions, training programs providing special curricula permitting specialization in aging have been far less prevalent. In 1968 there were only 32 institutions which had a program leading to specialization in research on aging. Twenty-six of these training programs for research careers in aging are currently funded by the Adult Development and Aging Program, National Institute of Child Health and Human Development, and in 1969 the training of 196 students was supported by this program. Of this group, 161 were predoctoral trainees and 36 were trained at the postdoctoral level. Table 8 lists the pre- and postdoctoral trainees in the



TABLE 8.—PREDOCTORAL AND POSTDOCTORAL TRAINEES  
BY PSYCHOLOGY AND SOCIAL SCIENCES

Discipline	Predoctoral	Postdoctoral	Total
Sociology	41	7	48
Psychology	32	8	40
Human development	27		27
Social work	6		6
Public administration	4		4
Anthropology	3	1	4
Architecture	2		2
Economics	1		1
Industrial relations	1		1
Business	1		1
Total	118	16	134

Source: Gerontological Society, 1970. "Education and Training in Gerontology—1970." *The Gerontologist*, Part 1, 53–72; Part 2, 153–160.

psychological and social sciences in 1969 by discipline. This group represented 68% of the National Institute of Child Health and Human Development trainees in aging. Thirty-two percent of the trainees were in the biological sciences (Table 9.). A total of 17 disciplines were represented by the trainees as of 1969. The most heavily represented disciplines in the biological sciences were biochemistry (8%), cell biology (8%), and physiology (7%); the disciplines in which trainees in the psychological and social sciences were most concentrated were psychology (34%) and sociology (24%). Because of the diverse nature and scope of the programs, gerontological training in the biological and psychological and social sciences will be discussed by individual discipline. Most of the data represent National Institute of Child Health and Human Development funded programs for research training as data were not readily available for programs not funded by that agency.

TABLE 9.—PREDOCTORAL AND POSTDOCTORAL  
TRAINEES BY BIOLOGICAL SCIENCES

Discipline	Predoctoral	Postdoctoral	Total
Cell biology	10	5	15
Biochemistry	6	9	15
Physiology	12	1	13
Anatomy	6		6
Biology, general	4	2	6
Microbiology	3	1	4
Physical education	2	2	4
Total	43	20	63

Source: Gerontological Society, 1970. "Education and Training in Gerontology—1970." *The Gerontologist*, Part 1, 53–72; Part 2, 153–160.

#### 4.1. Biological Sciences

Training in the biological sciences strongly emphasizes basic research along disciplinary lines. The goal of applying biological research to practical problems receives less priority in this

area than it does in the social sciences, and the aim of gerontological training in the biological sciences is primarily to develop researchers intent on creating a body of knowledge about the basic causes and processes of aging.

**Cell Biology:** One program supports 10 predoctoral trainees in cell biology, and the program is housed in a department of anatomy-cell biology in a school of medicine. Postdoctoral trainees in this discipline are supported by two separate grants. Training emphasizes anatomy, histology, cell biology, and biochemistry.

The nature of the research projects of the trainees is biochemical, and studies involving some aspect of aging as it relates to DNA synthesis, ribosomes, rat liver membranes, collagen, elastin, actin, lipid metabolism, and blood cultures are being undertaken by the trainees. Of the 13 graduates from the aging program in cell biology, seven of the graduates received Ph.D.s, one received a master's degree, and five were postdoctoral graduates.

**Biochemistry:** Three separate grants support six predoctoral trainees housed in various biochemistry departments within medical schools. Postdoctoral trainees are also supported by three different grants. Formal training in aging involves courses such as the biochemistry of aging; trainees are also involved in seminars with visiting lecturers.

Studies of DNA, RNA, chromatin, collagen, eye lens' proteins, and glycoproteins are currently being undertaken by trainees in biochemistry. Two Ph.D.s have been awarded to trainees in aging in this discipline.

**Physiology:** The 12 predoctoral and two postdoctoral physiology trainees are supported by four separate grants and are housed in departments of physiology (two of which are in schools of medicine). A number of formal courses in the physiology of aging provide trainees with specialized training in gerontology.

Trainee research projects involve protein variations in the diet of the house fly, cell activity, and rejuvenation. Investigations have also been undertaken which involve cardiac and myocardial function in the rat and lipid metabolism. Seven trainees (three Ph.D.s, three masters' degrees, and one postdoctoral graduate) have graduated in this discipline.

**Anatomy:** Three separate anatomy departments house six predoctoral trainees in anatomy. Two of the anatomy departments are located in schools of medicine.

Trainees are studying brain maturation and the effect of maternal age of various parameters in fish and mice. A master's degree and a Ph.D. have been awarded to trainees in anatomy.

**Biology, general:** The four predoctoral and two postdoctoral trainees in biology are supported by two separate grants and are housed in departments of biology. Courses in the biology of aging are available for all trainees.

Aging in plants, capillary circulation in mice, and protein synthesis are among the topics studied by trainees in general biology. No trainees have graduated from this program at this time.

**Microbiology:** One grant supports four trainees in microbiology, and the program is housed in a department of microbiology in a medical school. Several formal courses in aging are provided for the trainees.

Research projects involve studies of *Escherichia (E.) coli* concerning the effect of thymine starvation and formation of free radicals as related to aging. Two Ph.D.s have been awarded to trainees in microbiology.

**Physical Education:** Two predoctoral trainees in physical education are housed in a department of physical education while two postdoctoral trainees are housed in an Institute of Environmental Stress. Each program is supported by a separate grant. A course on the physiology of aging is available to the postdoctoral trainees, and various summer institutes and courses in aging in a number of disciplines are provided for the predoctoral trainees.

Trainees in physical education are studying heat tolerance of aged people, flexibility of joints and skeletal muscle fatigue in relation to aging.

**Other disciplines:** In addition to the existing programs, trainees in aging have received their Ph.D.s in the areas of anesthesiology, pathology, and endocrinology. One Ph.D. was awarded in each of these areas, hence by 1969 the total number of graduates from aging programs in the biological sciences was 29.



#### 4.2. Psychological and Social Sciences

A large portion of gerontology training programs in the sciences involves training in the psychological and social sciences, and over two-thirds of the trainees currently enrolled in aging programs represent disciplines in this area.

**Psychology:** Aging has been conceptualized in broad terms by the psychologists interested in the study of aging. For this reason most psychologists view aging in terms of life span developmental processes rather than limiting the scope of their investigations to the aged. The 40 trainees in psychology and 27 trainees in human development are supported by 11 different training grants. Eight programs are housed in departments of psychology, two in departments of human development, one in a department of psychiatry (school of medicine), and one in the division of behavioral sciences (school of public health).

Training is grounded in the field of psychology with special emphasis on those aspects of psychology relevant to processes of aging. Courses in aging available to trainees cover most areas of psychology: experimental, physiological, developmental, and social. Notably lacking are programs in clinical psychology.

Studies in the areas of learning, memory, cognitive processes, perceptual functions, psychomotor speed, personality development, and nonverbal behavior are being carried out by the trainees. Adult careers, parent-child relationships, and personality changes are topics of study for trainees in human development. Forty-five Ph.D.s and four masters' degrees have been awarded in psychology programs in aging, and there have been four postdoctoral graduates.

**Sociology:** Sociologists appear to have been more comfortable than psychologists in limiting their specialization to aging. Hence the aims of training grants in sociology have been to train students in concepts and methodology of sociology and to focus on that part of sociology that relates to the aging society. The 48 trainees in sociology are supported by nine different training programs, and trainees are housed in sociology departments.

Trainee research in sociology has been concerned with the occupational, family, social, and political roles of the aged in institutions. The utilization of health care by the aged, adjustment to retirement, intergenerational relationships, and the social values of the aged have also been topics for trainee research. Seven Ph.D.s and four masters' degrees have been granted in this discipline.

**Anthropology:** One grant supports four trainees in anthropology. Predoctoral students take course work for a degree in anthropology and then undertake dissertation research in some aspect of adult socialization. At this time none of the trainees has graduated from aging programs in this discipline.

**Social Work:** Although social work is frequently categorized as a profession and although many programs described in a previous section of this paper are designed to train professional social workers, some programs train researchers in social welfare or social work. Six predoctoral social work trainees are supported by two National Institute of Child Health and Human Development grants, and an undisclosed number of predoctoral students in this discipline are supported by Administration on Aging grants. Students are housed in schools of social work and prepare for a doctorate in social work or a Ph.D. in social welfare. Training emphasis is on social problems of the aged.

Trainee research involves studies of attitudes toward the aged, social functioning of the aged, and the intergenerational relationships between adults and their parents. Two Ph.D.s have been granted.

**Public Administration:** Four trainees in public administration are housed in a school of public administration and supported by one grant. They are working for a Ph.D. in public administration, and the emphasis of their training is on administrative systems and problems in the field of aging. As of 1969, no degrees in public administration had been awarded.

**Architecture:** Two candidates for the master's degree in architecture are supported by one grant and housed in a school of architecture. Available to these students are



multidisciplinary courses in aging, and they also interact with visiting specialists in architecture, psychology, and disciplines related to their interests.

Research of these trainees is in the area of environmental design for the aged, and most of their research represents an interdisciplinary effort. Two students have graduated from this program.

Economics: In spite of the great emphasis at the 1961 White House Conference on Aging and regardless of the urgent needs of the aged in this area, only one trainee is currently being trained for a research career in economics. The research interests of this trainee involve economic determinants of physicians' income and their effect on the distribution of medical services to age and income groups.

Industrial Relations: One predoctoral trainee is being trained in industrial relations. His research involves age differences in job expectations of workers.

Business: Only one trainee is being supported in business administration and his research does not appear to be age related.

## 5. Universities and Colleges

The great majority of training programs and courses in aging are housed in universities. Academic, medical, and professional schools account for three-fourths of the settings for training in aging (U.S. Department of Health, Education and Welfare, 1968). Other settings such as research institutes, hospitals, service agencies, university extension centers, and similar "off campus" facilities account for the additional institutions where training in aging is available.

TABLE 10.—ACADEMIC LEVEL AT WHICH COURSES ARE TAUGHT

Level	Number of courses	Percent
Liberal arts	145	43
Medical & graduates	30	9
Nursing	4	1
Graduate	179	53
Undergraduate	71	21
Both graduate and undergraduate	29	9
Medical	43	13
Other	14	4
Total	336	100

Source: U.S. Department of Health, Education, and Welfare, 1968, final report. "A Survey of Training Needs and Mechanisms in Gerontology by the Gerontological Society." Public Health Service, National Institute of Child Health and Human Development. *U.S. Senate Background Studies by States, 1960*. Bethesda, Maryland.

Table 10 summarizes the academic levels at which courses in aging were taught in 1968. Clearly two-thirds of the reported training takes place at the graduate level.

### 5.1. Graduate Training

The goal of graduate training in gerontology is to prepare students for careers in teaching and research on aging. A variety of programs have been designed for this purpose—some producing “generalists” and most producing “specialists” willing to become engaged in interdisciplinary research on aging. Tables 11, 12, and 13 present the major graduate training programs in aging in the United States. These programs are funded by the National Institute of Child Health and Human Development, National Institute of Mental Health, and Administration on Aging, respectively.

The issue of the “single-discipline” versus the “multidiscipline” approach to graduate education in aging is central in importance, and various organizational structures for carrying out both types of programs are in existence. No single training technique is offered as the best and final word since the most appropriate program depends on the goals of the training, the special interests of the faculty, and the resources and administrative structure of each university. A large majority (38) of the programs listed in Tables 11, 12, and 13 involve training in one discipline administered through one department. Thirteen of the programs award degrees in a number of specialized disciplines so that students from different disciplines are brought together in one setting to study aging. This multidisciplinary approach fosters interaction between disciplines and produces specialists with depth in one area coupled with a broad perspective of the field of aging. There are five programs designed to train individuals in concepts and methodologies of a number of disciplines. One of these programs leads to a degree in aging, another to a degree in gerontology, while the rest of the interdisciplinary programs lead to more traditional degrees in areas such as public administration and social work. Individuals graduating from these programs are well suited for administrative or practice and service positions.

Imaginative graduate programs in gerontology are being developed in all geographic regions of the United States. A major clustering of such institutions occurs in the East (New York, New Jersey, Pennsylvania); Central Midwest (Illinois, Michigan, Ohio); West (California); and to a lesser extent, the South (Florida).

### 5.2. Undergraduate Training

The progress for training and recruiting students in aging at the undergraduate level is not impressive. Only 21 percent of the courses taught in aging are geared to the undergraduate level, and there is only one college, Mt. Angel College, Oregon, in the United States that offers an undergraduate degree in gerontology (Hansen *et al.*, 1966). Such a paucity of undergraduate programs reflects a lack of organization and planning in the field of aging.

There are also many opportunities for undergraduate training of professionals in fields such as physical therapy and vocational rehabilitation. These individuals receive terminal bachelors degrees for their career preparation. The content of such undergraduate programs has already been discussed in the section on training in the professions.

## 6. Curriculum Development

One of the urgent needs in the field of gerontology is the development of course curricula; in recognition of the need, a number of agencies have supported projects to create such curricula. Most of the information presented in this section was collected and included in the Administration on Aging survey report.

The Administration on Aging makes curriculum development grants to encourage the creation of new courses, new texts, new sequences, new training approaches, new specializations, and adaptations to strengthen education in aging. In 1968 seven curriculum development grants, totaling over \$100,000, were awarded. Four of the grants went to universities while a State nursing home association, a church, and a social work agency accounted for the other three. Table 14 lists these Administration on Aging curriculum development grants, and from the table it can be seen that the subject area of these grants was extremely varied.

TABLE 11.—RESEARCH TRAINING GRANTS FUNDED BY THE ADULT DEVELOPMENT AND AGING BRANCH, NICHD

Institution	Training objective	Degree or program level	First year enrolled	Total enrolled through academic year 1968-1969	Traineeships allotted for academic year 1969-1970	First year of graduation	Number of graduates through 8/31/69
Associated Universities, Inc. Brookhaven National Laboratory Boston University	Gerontology—biological Training for research in the biochemistry of aging	Postdoctoral	1967	5	6	NA	NA
California, University of (Berkeley)	Developmental physiology and aging	PhD	1967	5	6	1969	1
California, University of (Los Angeles)		PhD	1965	8	10	1966	11
California, University of (San Francisco)	Gerontology, behavioral Training program in adult development and aging, sociological and psychological	PhD	1964	3	4	1967	2
California, University of (Santa Barbara)	The physiology of stress and exercise	PhD	1968	12	18	1970	—
Case Western Reserve University Chicago, University of	Sociology and gerontology Adult development and aging and human development	PhD PhD PhD	1967 1966 1963 (transfer)	2 6 20	3 6 22	1968 1969 1963	2 2 17
Community Studies, Inc. Kansas City, Mo. Duke University Medical Center Gerontological Society	Social gerontology Behavior and physiology in aging and human development Research in aging, sociological and psychological	PhD PhD Postdoctoral PhD Postdoctoral	1966 1966 1966 1969	20 15 —	22 20 40 summer students	1968 1969 1970	11 7 —
Maryland, University of Miami, University of	Physiology of gerontology Training in gerontology, biological	PhD	1966	4	8	1970	—
Nebraska, University of New York University Downstate Medical Center Pennsylvania State University	Biochemistry of aging Aging in relation to the repro- ductive and endocrine system Adult development and aging, sociological	PhD PhD MD-PhD	1966 1966 1968	9 3 2	12 4 3	1968 1968 1970	2 1 —
Pennsylvania, University of	Social gerontology	PhD PhD	1967 1967	8 4	12 6	1969 1971	1 —



Pittsburgh, University of	Cell biology and aging	PhD	1963 (transfer)	13	15	1963	13
Retina Foundation Boston, Mass.	Biochemical and biophysical basis of aging	PhD	1969	3	6	1970	—
Rochester, University of	Biological aspects of aging	Postdoctoral	1966	5	5	1968	2
Southern California, University of	Multidisciplinary approach to gerontology	PhD	1966	27	28	1968	8
Syracuse University	Developmental psychology- development and aging, sociological and psychological	PhD	1966	7	8	1967	8
Tennessee, University of	Training in aging, biological	PhD	1969	—	4	1970	—
Washington University	Research in psychology— geriatrics	Postdoctoral	1964	8	12	1963	14
West Virginia, University of	Life-span developmental psychology	PhD	(transfer)	6	6	1969	3
Wisconsin, University of	Social gerontology	PhD	1966	5	6	1969	2

Source: *The Gerontologist*. "Education and Training in Gerontology—1970," 10(1), Part 1, p. 63.

TABLE 12.—TRAINING GRANTS AWARDED OR CONTINUING IN FY 1969 CONCERNING THE AGING, NIMH

Institution	Training objective	Degree granted or program level	First year enrolled	NIMH trainee stipends 1969-1970	First year of graduation
<i>Schools of Social Work</i> Boston University	To improve and expand social work training relevant to mental health of the aged and their families through case work, community organization, and group work	MSW	1961-1962	5	1962-1963
California, University of		MSW	1966-1967	3	1967-1968
Connecticut, University of		MSW	1960-1961	4	1961-1962
Florida State University		MSW	1960-1961	4	1961-1962
Howard University		MSW	1961-1962	6	1962-1963
Iowa, University of		MSW	1961-1962	5	1962-1963
Michigan, University of		MSW	1962-1963	3	1963-1964
Missouri, University of		MSW	1961-1962	4	1962-1963
New York University		MSW	1963-1964	7	1964-1965
Pennsylvania, University of		MSW	1964-1965	5	1965-1966
Pittsburgh, University of		MSW	1966-1967	3	1967-1968
Tennessee, University of		MSW	1961-1962	5	1962-1963
Western Reserve		MSW	1962-1963	5	1963-1964
Wisconsin, University of		MSW	1964-1965	6	1965-1966
<i>Medical Schools</i> Duke University Medical Center	To learn how to treat aged psychiatric patients	2-year geriatric psychiatric residency	1965-1966	2	1966-1967
<i>Nursing Schools</i> Duke University School of Nursing	To meet psychiatric nursing needs of aged people	1-year post-master	1967-1968	5	1967-1968
Institution	Training objective	Persons to be trained	Date funding began	No. of persons to be trained	
<i>Continuing Education Grants</i> Gerontological Society	1) To assess need for continuing education	Various agencies and professional groups	1969-1970		

University of Southern California Gerontology Center	To educate professional personnel in mental health problems of the aging through postgraduate courses, colloquia, and conferences	Professionals: 1) counsellors in direct service to the aged 2) administrators and planners 3) persons whose knowledge of mental health problems of the aged will help them in supervisory functions of others	1968-1969	590
<i>Inservice Training</i>				
<i>Hospital Staff Development</i>				
<i>Hospital Improvement Program</i>				
Craft-Farrow State Hospital Columbia, S.C.	To prepare psychiatric aides to assume more effective role in care of long-term and geriatric patients To teach staff how to remotivate and socially activate geriatric patients	Attendants	1965-1966	17-20 yearly
Cushing Hospital, Framingham, Mass.	To develop skills in the attendants' care of geriatric patients To improve interpersonal and leadership skills in personnel to give more effective patient service	Attendants Hospital personnel of leadership ability	1964-1965 1967-1968 1969-1970	578 (entire staff) 40 yearly 20 yearly
Kerrville State Hospital, Kerrville, Tex. Northern State Hospital, Sedro-Wooley, Wash.	To conduct courses or workshops in geriatric nursing (part of overall HSD program—53% of patients at Yankton are over 60)	Total service staff	1969-1970	412
Yankton State Hospital, Yankton, S.D.	To motivate attendants to upgrade care of chronic schizophrenic and geriatric patients for greater self-care	Attendants	1965-1966	70 attendants yearly
Big Spring State Hospital, Big Spring, Tex.				

Source: *The Gerontologist*. "Education and Training in Gerontology—1970," 10(2), Part 2, p. 154.



TABLE 13.—LONG-TERM TRAINING PROGRAMS FUNDED BY THE ADMINISTRATION ON AGING UNDER TITLE V OF THE OLDER AMERICANS ACT

Institution	Training objective	Degree or program level	Students by Academic Years				Number of graduates through 8/31/69
			First year enrolled	Total enrolled through academic year 1968-1969	Traineeship allotted for academic year 1969-1970	First year of graduation	
Arizona, University of (College of Business and Public Administration)	Retirement housing management, administration of homes for the aged and related facilities	MPA	1969-70	—	10	1970-71	—
Brandeis University (Florence Heller Graduate School for Advanced Studies in Social Welfare)	Applied social gerontology (Planning, administration, teaching, research)	MSW DSW PhD	1967-68	15	15	1967-68	1
California, University of (Berkeley) (School of Social Welfare)	Community planning and development	MSW	1968-69	6	14	1969-70	—
Chicago, University of (School of Social Service Administration)	Community planning and development	MSW	1968-69	4	6	1969-70	—
Columbia University (Teachers College)	Recreation leadership, senior center direction, programming	MA, MS, EdD, Prof. Dipl.	1967-68	27	40	1967-68	10
Michigan, University of and Wayne State University (Institute of Gerontology)	Federal-State planning and community planning and development, retirement housing management, senior center direction, environmental design (Arch.), adult education, counseling, undergraduate majors	MPA, MEd., MSW, MArchitect PhD, EdD, Bacc.	1967-68 1968-69 1968-69 1968-69 1968-69	41	58	1968-69	18
Minnesota, University of (Public Administration Center)	Federal-State planning and administration	MA in Pub. Admn.	1966-67	47	40	1967-68	9
North Carolina, University of (Curriculum in Recreation Administration, School of Education)	Recreation leadership, senior center direction and programming, adult education	MS in Rec. Admn. MS in Ed.	1967-68 1969-70	19	27	1968-69	6

North Texas State University (Center for Studies in Aging)	Administration of homes for the aged and related institutions, Federal-State planning and administration, library science, speech correction	MS in aging MA in aging	1968-69 1969-70	18	36	1969-70	—
Oregon, University of (Center for Gerontology) Portland State University	Undergrad. practitioners, business administration, communication, counseling, urban planning, dental hygiene, health education, recreation leadership	Bacc. Various master's degrees PhD	1968-69 1969-70	18	51	1968-69	2
San Diego State College (School of Social Work) South Florida, University of (Institute on Aging) Southern California, University of	Community planning and development	MSW	1967-68	12	10	1967-68	8
(Gerontology Center) Washington, University of (School of Social Work) Wisconsin, University of (School of Social Work)	Social gerontology	MA in Ger.	1968-69	17	36	1969-70	—
	Environmental design (Architecture)	MArchitect	1968-69	2	6	1970-71	—
	Community planning and development	MSW	1968-69	4	6	1968-69	4
	Social work generalists	MSW	1967-68	13	8	1967-68	5
Total		—	—	243	363	—	63

Source: *The Gerontologist*, "Education and Training in Gerontology—1970," 10(1), Part I, p. 55.

TABLE 14.—FEDERALLY-ASSISTED CURRICULUM DEVELOPMENT PROJECTS, 1967-68

Institution	Subject area	Federal support	
		Source <sup>a</sup>	Amount
University of South Florida Tampa, Florida	Masters in applied gerontology in the behavioral, biological, and social sciences	AoA, V	\$43,552
First Baptist Church Las Vegas, Nevada	Staff development curriculum on problem of aging in health, welfare, and rehabilitation training materials to be distributed	AoA, III	5,135
Catholic Social Service Reno, Nevada	To develop counseling program materials on pre- and post-retirement for distribution	AoA, III	4,797
University of North Carolina Chapel Hill, North Carolina	Curriculum models for professional staff of multiservice senior centers	AoA, V	23,274
University of Oregon Eugene, Oregon	A planning grant to establish a graduate center for studies in applied gerontology	AoA, V	22,468
Personnel & Industrial Dept. University of Oregon Eugene, Oregon	Develop long-term training program for nursing home administrators	AoA, III	5,800
Texas Nursing Home Assn. Austin, Texas	Planning and implementation of training programs for upgrading skills of nursing home personnel	AoA, III	4,981

Source: Office of Research, Development and Training, Administration on Aging, Social and Rehabilitation Service, Department of Health, Education, and Welfare.

<sup>a</sup>Grants under Title III of the Older Americans Act are made by State agencies on aging from funds allocated to them by Administration on Aging. Title V grants are made directly to institutions by AoA.



Three significant publications resulted from these grants. *Basic Concepts of Aging: A Programmed Manual* by Thomas A. Rich and Alden S. Gilmore (1970) was published by the Administration on Aging. The George Washington University completed and began to offer a home study course on *Social Gerontology*, addressed particularly to administrators of long-term care facilities. The University of Illinois, College of Medicine (1969) published *A Manual for Educators, Curriculum in Occupational Therapy*.

Curriculum development has been undertaken by the Gerontological Society under the terms of a contract originally awarded the Society by the Gerontology Branch of Public Health Service's Division of Chronic Diseases, to which the Adult Health Protection and Aging Branch of the Division of Medical Care Administration is the successor agency. The contract provided for the development of a wide array of teaching materials and aids, including original articles, syllabi, bibliographies, and outlines to be used by universities, centers for continuing education, health agencies, welfare agencies, and other groups working with older persons. The documents produced under the contract are directed primarily to the physician, in particular the general practitioner. Titles issued in the series include: "Drug Therapy in the Aged," "Geriatric Gynecology," "Metabolic Diseases in the Aged," "Psychological Study in the Management of Geriatric Patients," "Special Features of Heart Disease in the Elderly Patient," "Working with Older People—A Manual for Practice."

Still another program of curriculum development has been generated by the 1967 Amendments to the Social Security Act which provide, among other things, for State licensing of the administrators of nursing homes receiving payments under Title XIX (Medicaid) and for programs of training to assist administrators to qualify for licensing. As of the end of 1967, only two States—Oregon and Utah—had provisions for licensing nursing home administrators. The requirement for State licensing was effective July 1, 1970, but administrators as of that date who could not qualify for a license were given two years in which to acquire licensure. The Act establishes a National Advisory Council on Nursing Home Administration appointed by the Secretary of the Department of Health, Education, and Welfare. The Council advises the Secretary, among other responsibilities, on the core of knowledge that should constitute minimum training in the field of nursing home administration for the purposes of licensure and studies and develops suggested programs of training to enable administrators to qualify for a license.

Staff support for the training program responsibilities of the National Advisory Council is being undertaken by the Division of Medical Care Administration of the Public Health Service. As of the summer of 1968 the Division had contracted with the Institute of Gerontology of the University of Iowa for the development of curriculum materials for use in nursing home training programs. Training programs will be conducted by educational institutions and will be eligible for 75 percent Federal reimbursement.

In 1967 the Division of Medical Care Administration developed and tested a prototype seminar to assist administrators of nursing homes and related facilities to qualify for certification as extended care facilities under Title XVIII (Medicare) and as skilled nursing homes under Title XIX. The effort had the collaboration of the Administration on Aging, the Bureau of Health Insurance of the Social Security Administration, and the Bureau of Family Services of the Welfare Administration. Assistance was also rendered by the American Medical Association, the American Hospital Association, the American Nursing Home Association, and the American Association of Homes for the Aging. The seminar was successfully field tested at Columbia, Western Reserve, Northeastern, and Rutgers Universities and released to the field in 1967. This seminar has been offered in several states, and it is described in *Fostering University-Based Seminars for Administrators of Long-Term Care Facilities and Potential Extended Care Facilities* (U.S. Department of Health, Education, and Welfare, 1967).

In 1968, the Bureau of Employment Security of the Department of Labor contracted the National Council on the Aging to develop syllabi, bibliographies, and course texts for use in the training of employment counselors working with older workers (45 years and up). The product will be designed for use in short courses and, when completed, will be made available to colleges and universities, State and nonprofit employment service agencies, industry, and trade unions.

Separate projects on curriculum development have also been undertaken in a variety of settings. In the description of a long-range plan for training in gerontology and geriatrics, administrators at Mt. Angel College (Oregon) compiled a curriculum proposal which includes a description of a number of courses and seminars for a major or minor in gerontology at the undergraduate and master's levels (Hansen *et al.*, 1966). *A Training Program for Senior Citizen Project Staff* (University of Southern California, 1967) summarizes the objectives and content of a one-week training program held at the University of Southern California. This project was designed to transmit new knowledge on aging and to identify values and attitudes associated with successful approaches in the provision of services to the aged. The Council on Social Work Education, Inc. (1964) prepared the *Teacher's Source Book on Aging*, and the United Community Services of Greater Boston put out a *Training Manual for Human Service Technicians Working with Older Persons* (Lowy, 1968). Curricula for training for health practitioners were published by the Veterans Administration (1966).

## 7. Short-Term Training

Because little content in aging is taught in medical schools and university departments where professionals are trained, most professionals—both new and experienced practitioners—are introduced to the field of aging through the use of short courses. The Federal Government supported 95 short courses in 1967-68. Although some programs did not report the number of those attending, approximately 7,000 persons are reported as having participated in these programs. There are courses conducted without Federal aid, but these numbers are unknown.

Short courses are used for the continuing education of physicians interested in geriatrics, administrators of long-term care facilities, and managers of public housing for the elderly. Short-term training programs for nurse's aides, physical therapy and occupational therapy assistants and aides have been conducted by State health departments, hospitals, and local health departments. Most of the Federally aided programs were sponsored by colleges or universities, although other local agencies often were involved.

Trainees of these programs include executives and staff personnel in agencies serving older people, nursing home administrators, chairmen of State commissions on aging, "policy makers and executives," housing project managers, recreation program leaders, educational directors of nursing home personnel, home economists, senior center staffs, county recreation department staff, food service personnel in nursing homes, geriatric aides, resident aides in county homes, college undergraduates, senior volunteers, and ministers. Training goals were usually expressed as leadership training, leadership development and insight, community involvement in aging, etc., but the course objective generally stressed the acquisition of specific skills. This can be seen by looking at the subject areas covered—Medicare and the nursing home, the home care of older persons, pastoral counseling for the elderly, geriatric medicine, dietetics in nursing homes and small hospitals, etc. The length of courses was normally less than a week, but some ran from one day to over a year.

A number of short-term courses in aging for practitioners and researchers have been offered at various institutes on gerontology. These institutes bring together individuals with divergent backgrounds who share an interest in aging.

A training program has been sponsored by the Council on Gerontology at the University of Georgia; the Council on Aging has sponsored an institute at the University of Kentucky, and the State Agency on Aging conducted an eight-week training course for workers providing services for the aged. These three programs were described in *The Gerontologist* (Gerontological Society, 1970).

Since the summer of 1965, the University of Southern California has held annual Summer Institutes which train professionals and academicians in general concepts and issues in gerontology. In addition, intensive courses are offered which probe special interests areas in biology, psychology, sociology, social work, and administration. Prominent specialists in aging from many disciplines have offered courses at this annual institute.

Also, particularly successful have been the 14-week, intensive Residential Institutes offered primarily for employed personnel, and the Faculty Seminars for personnel of



community colleges, colleges, and universities, of the University of Michigan-Wayne State University Institute of Gerontology. Other universities, such as the University of Oregon, are also developing summer institutes in aspects of gerontology.

Short-term extension courses are other means of introducing students, practitioners, and occasionally researchers to the field of aging. They also serve to retrain and update available knowledge for individuals who are already established in gerontology. Seventy two short-term courses were funded by the Administration on Aging-20 by the Public Health Service, one jointly by AoA and PHS, and two by the Rehabilitation Services Administration. It is not known how many courses were conducted without Federal aid.

Some data are available on courses supported by State and private agencies. Fourteen short courses were presented to physicians on geriatrics. A list of "Courses for Administrators of Long-Term Care Facilities" issued by the American Nursing Home Association includes university and extension departments, schools of public health, divisions of general studies, and the American Rehabilitation Association among its sponsors. The National Association of Housing and Redevelopment Officials (1965), with the help of a grant from the Ford Foundation, issued a manual for training institutes in the management of public housing for the elderly. State health departments, hospitals, and local health departments have conducted short-term training programs for nurse's aides, physical therapy and occupational therapy assistants and aides, some with specific emphasis on working with elderly patients. Information is not readily available on the number of such courses, their sponsorship, financing, focus, and the number of trainees turned out.

The number and variety of these institutes and courses indicates the growing interest and activity in gerontology. The Federal Government spent \$1.3 million to support almost 100 extension courses, and there was also an undisclosed amount of money spent on courses offered by agencies other than the Federal Government. In spite of all this activity, it must be noted that only some 6,000 to 7,000 individuals were exposed to training experience in 1968. This represents only a fraction of the number working in aging programs. Additionally, in many cases the exposure at extension courses was too brief to be meaningful.

## 8. Union Programs

Little public information is available concerning what the unions are accomplishing in training for the aging. Some unions, such as the United Automobile Workers of America, have organized "identity-sustaining" activities for both active and retired members. What such programs consist of, what training is required of those implementing them, etc. was not discussed. They do show a concern, however, in preparing workers for retirement.

## 9. Employer Programs

Some employers are now becoming more interested in retraining older workers to give them the technological skills necessary for employment in today's complex and ever-changing industrial society. Little is known as to how these programs are implemented, what kind of retraining is involved, who develops the program for retraining, whether or not use is made of current knowledge concerned with how older people learn, how many workers or retrainers are involved, etc. Many retraining projects are too expensive for industry alone to initiate; Federal subsidies may be necessary for the development of effective programs.

Like the unions, some corporations, such as the Bell Telephone System and Polaroid, have identity-sustaining activities for both active and retired members. Such programs appear to be helpful in preparing workers for retirement.

## 10. In-Service Programs

In-service programs are funded by the National Institute of Mental Health, the Public Health Service, and the Administration on Aging. One type of program on which there is some information is hospital staff development grants. These are designed to improve the quality of



care of patients in mental hospitals. The grants are used for in-service training of aides, semiprofessional and professional staff, and for meeting identified treatment needs. There are also refresher and continuation training and special training for staff who do the in-service training.

An example of a professional society's in-service training program is that of the American Psychiatric Association's Remotivation Project. One or two members of the nursing homes' nursing service or geriatric facilities learn the techniques at the association's training facility, and then teach the procedure to the rest of the staff.

## 11. Rehabilitation

The Federal Employment and Guidance Service Vocational Rehabilitation Program for Older Persons is probably the largest voluntary vocational service facility in the world. It has both central and neighborhood facilities for retraining, depending upon the worker's ability to travel and upon his particular needs.

The Manpower Development and Training Act of 1962 (P.L. 87-415, 76 Stat. 24) calls for the effort to locate job vacancies due to lack of skilled manpower; then the jobs and job seekers should be brought together through training or retraining of the shortage skills.

Such programs are more concerned with the relatively young members of our older population. A training program more concerned with the "senior citizen" is found in a project carried out by the Senior Citizens, Incorporated. This project involved retraining older adults for employment as community service workers. It was found that, given appropriate training, some carefully selected, trained, and supervised senior citizens can successfully organize and maintain a new community service. More can maintain and carry on a community service already structured, while others can contribute part-time service as professional aides in an ongoing program.

Such service programs have become fairly popular with the middle-aged and older adults. Many have joined Foster Grandparents, SCORE (Senior Corps of Retired Executives), and VISTA, which are organizations of advisors and consultants sponsored by the Small Business Administration, and Green Thumb, administered by the Department of Labor, which enlists retired rural people in the beautification of the countryside. They have also served in countless other service projects conducted by local agencies independently or with the aid of support provided by State agencies on aging.

## 12. Volunteers

It has been said that volunteers are not to know what should be done, but to know the agency or facility that can do what is necessary. This seems almost the "Golden Rule" for volunteers because very little training is provided them unless they seek it on their own initiative. Usually volunteers do the leg work, and trained persons take over when their services become necessary. This is not necessarily true, however, when the volunteers themselves are trained or otherwise qualified people. Some programs, such as the Federal Employment and Guidance Service Vocational Rehabilitation Program for Older Persons, already mentioned, do, however, give the volunteer training and ongoing guidance.

There are other programs besides those using younger people serving the elderly. A number of agencies have developed volunteer programs especially designed to utilize the services of older people. These include such groups as the Senior Service Corps, Senior Service Bureau, Senior Volunteers, Green Thumb, etc. It is quite probable that voluntary agencies in the field of aging are going to increase in the future. For maximum utilization of the volunteer's potentialities, workshops and short courses seem of great benefit.

## 13. Conferences

The conferences listed below are not necessarily the only ones or necessarily the most important ones which have occurred in the past decade, but they are the conferences on which

information was available. The fact that a number of conferences have been held on training in aging is a good indication of the increasing interest. Such meetings bring together training directors and teachers in the field and undoubtedly stimulate these individuals to develop new approaches and concepts in training. Interaction between the leaders of the training programs in aging serves as an invaluable impetus to gerontological training, and the course of such training is probably set to a great extent at these meetings. Those conferences on training in gerontology held since 1960 are:

White House Conference on Aging—The Role and Training of Professional Personnel in the Field of Aging, Washington, D.C.—1961

Research Utilization in Aging, Bethesda, Maryland—1963

Administrative Art in Personnel Development, Mt. Angel, Oregon—1964

Conference on University Education Related to Aging and the Teaching of Professional Skills in the Field of Gerontology, Toronto—1965

Conference of Aging Training Directors, National Institute of Child Health and Human Development, Lenox, Massachusetts—1966

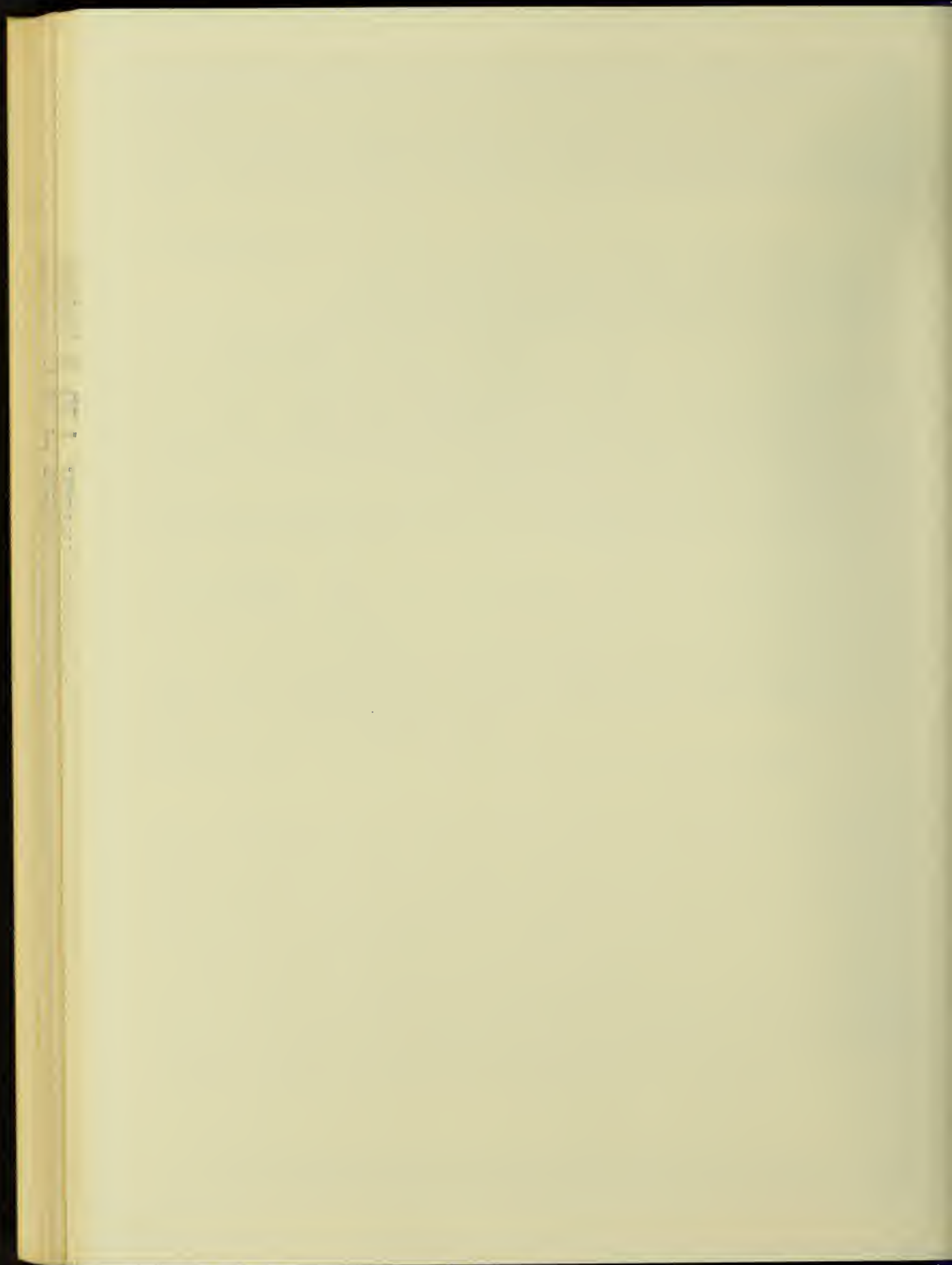
Learning and Aging, National Institute of Child Health and Human Development, Bethesda, Maryland—1967

Conference on Next Steps in Manpower Training in Field of Aging, Washington, D.C.—1968

Adventures in Learning, Newport, Rhode Island—1968, 1969

Administrative Development: Licensure and Gerontology, Tucson, Arizona—1970

Conference of Administration on Aging, Aging Training Directors, Ann Arbor, Michigan—1970





## IV. THE PRESENT SITUATION

### A. PROFESSIONAL TRAINING SUPPORT

The principal sources of financial aid for training in the professions serving older people are the Administration on Aging and the Rehabilitation Services Administration in the Social Services Administration; the National Institute of Child Health and Human Development and the Health Services and Mental Health Administration (which includes the National Institute of Mental Health) in the Public Health Service; the Office of Education; and all agencies of the U.S. Department of Health, Education, and Welfare; and the U.S. Department of Labor.

#### 1. Administration on Aging

The Administration on Aging training grant program (Tibbitts, 1970) grants funds to encourage the initiation of graduate-level career and in-service training for personnel in broad scale research, planning, development, and coordination of services for older people at Federal, State, and local levels. Other projects receiving support include career training for professional teaching, short-term training, and studies of personnel needs. Funds are also available for student stipends, training institutes, and the development of curricula and teaching materials. With \$6,851,225 in Federal funds from January 1966 to June 30, 1969, the Administration on Aging made 52 new, 45 continuation, and 15 supplemental awards which support: a) 15 programs conducted in 17 institutions to prepare personnel for careers in aging; b) 11 continuing short-term programs; c) 16 one-time short-term programs to provide specialized knowledge of aging to employed personnel and lay older persons; d) 13 projects for planning training programs and developing curricula and teaching materials; and e) 3 projects to examine the dimensions of the supply and demand for personnel in the field of aging. The 15 career training programs have supported 406 different students, and some 4,800 lay persons and employed workers enrolled for periods of one week to three months in the 27 short-term programs. Training grants are designed to increase the supply of personnel prepared by training and experience to help older people cope with changes and crises characteristic of the later stages of life and find opportunity for continued independence, self-expression, and fulfillment. The program's broad objectives are to aid in:

Developing and maintaining an adequate supply of personnel trained for professional, technical, and other specialized services in aging and related fields.

Providing currently employed professional and technical personnel in appropriate fields with better understanding of older people and of methods of working with them.

Staffing educational and other training agencies with a primary focus on social, economic, and health-related aspects of aging.

Encouraging the development of curricula and teaching materials in aging.

Extending opportunities for specialized personnel in aging to exchange and share knowledge and to improve skills, methods, and techniques for working with older people.

In *The Demand for Personnel and Training in the Field of Aging* (U.S. Department of Health, Education, and Welfare, 1969b), the Administration on Aging in addition to graduate career training lists (p. 46) several additional types of training which may be distinguished:

(1) Baccalaureate degree programs with a major in the helping professions (nursing, physical therapy, social work) and a concentration in or exposure to aging. (The development of such programs is still in the realm of things hoped for.)

(2) Much the same comment may be made about vocational education and terminal-occupational programs, some of which are in the helping professions, at the community college level.

(3) Short courses, training institutes, staff development, and related programs of a continuing education character, organized to provide training, retraining, or upgrading of:

a. University, professional school, and college faculty members teaching courses and directing student research in aging; teachers offering short courses or teaching in vocational programs;

b. Practitioners working in programs serving older people, who need to be brought up to date on developments in the field, who need training to take on new or additional responsibilities, or who are looking for new job perspectives;

c. Practitioners in programs serving all age groups, who need specialized training to qualify them to work with older persons;

d. Program aides without training and volunteers who require short-term intensive training to equip them to function effectively in sub-professional or supportive roles.

Table 15 summarizes the educational qualifications most employers require for personnel wishing to work in these various occupations.

The Administration on Aging provides the major financial support for training programs in administration and planning. There are a few schools, located in different parts of the country—University of Michigan-Wayne State University, University of Arizona, North Texas State University—which offer programs at the graduate level specifically to train administrators in such fields as programs for the aging or housing projects. In 1967-68, the Administration on Aging supported 17 students with a grant of \$92,933 at the Institute of Gerontology, University of Michigan-Wayne State University. The Public Administration Center at the University of Minnesota has 16 students supported by an AoA grant of \$133,492. North Texas State's Center for Studies in Aging receives \$88,586 from AoA for its 10 students.

Training programs specifically for administrators and related personnel in nursing and personal care homes were not mentioned, but this situation will probably change due to the fact that the 1967 amendments to the Social Security Act require State licensing of nursing home administrators for the home to receive payments under Medicaid. Since the States require training in order to qualify for a license, there will be an increased need for such training facilities.

At present, educational requirements vary from no specific requirements to masters' degrees, depending upon the position. Often, experience is an accepted substitute for education. Illustrative of such varied requirements are the results of an Administration on Aging mail survey of administrative and professional positions in State Units on Aging (U.S. Department of Health, Education, and Welfare, 1969, p. 44):

Ph.D. required  
Master's degree required

1 position  
39 positions

Master's degree specified but experience may be substituted	13 positions
Bachelor's degree required	53 positions
Bachelor's degree required but experience may be substituted	24 positions
No educational requirement	6 positions
Total	136 positions

Similar results were found in a National Association of Housing and Redevelopment Officials study (Vogelsang, 1968) conducted in the field of administrators in housing for the elderly

TABLE 15.—EDUCATIONAL QUALIFICATIONS IN AGING

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<i>Doctor's degree</i>	
Physicians	
Teachers and researchers (some positions)	
<i>Master's degree</i>	
Administrators, planners, and coordinators of Federal and State coordination programs in aging (some positions)	
Administrators, senior centers (some positions)	
Employment counselors	
Recreation executives and supervisors (some positions)	
Social workers (some positions)	
Speech pathologists	
Teachers and researchers (some positions)	
<i>Bachelor's degree</i>	
Administrators, senior centers (some positions)	
Administrators, managers, retirement housing (some positions)	
Administrators, planners and coordinators of Federal and State coordination programs in aging (some positions)	
Dietitians	
Librarians	
Registered nurses (some positions)	
Occupational therapists	
Physical therapists	
Recreation personnel (some positions)	
Social workers (some positions)	
<i>College degree, but qualified experience may be substituted for education</i>	
Administrators, planners and coordinators of Federal and State coordination programs in aging (some positions)	
Social insurance workers	
Social workers (some positions)	
<i>Associate degree or diploma</i>	
Registered nurses (some positions)	
<i>State-approved training program below collegiate level</i>	
Licensed practical nurses	
<i>No educational qualification</i>	
Administrators, nursing and personal care homes (most positions)	
Administrators, managers, retirement housing (some positions)	
Administrators, planners and coordinators of Federal and State coordination programs in aging (some positions)	
Administrators, senior centers (some positions)	
Homemakers and health aides	
Program aides, many kinds	
Recreation workers (some positions)	
Social workers (some positions)	

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Source: U.S. Department of Health, Education, and Welfare. "The Demand for Personnel and Training in the Field of Aging," Publication 270, pp. 42-43. Washington, D.C.: Administration on Aging.



where it was found that there was much lack of agreement on the training or experience desired or required. As many public housing authorities reported that they desired project managers with a high school diploma as with a college degree.

## **2. Health Services and Mental Health Administration**

The Health Services and Mental Health Administration supports short-term training in geriatrics for professional personnel and in-service training for personnel of homes for the aged and nursing homes, and for members of the health professions who wish to increase their knowledge and skills.

When there are no knowledgeable and skilled manpower in aging, agencies needing to develop programs, facilities, and services for older people were compelled to accept personnel generically trained and experienced in the health, welfare, and recreation fields. In addition, untrained people were recruited and given on-the-job or short-course preparation for specialized tasks. Consequently, most of the training offered so far has been short courses designed to give professional, technical, and lay practitioners a quick grasp of the specialized knowledge and skills required for work with older people. Widespread attention among educational institutions and fund granting institutions has only recently been focused on the need for long-term career training in aging.

The Health Services and Mental Health Administration also awards training grants and stipend funds for collegiate nurse training to increase the supply of administrators, supervisors, teachers, nurse-specialists and nurse-scientists, and it also provides funds for in-service training. In addition, geriatric nursing is receiving increasing attention.

## **3. National Institute of Mental Health**

At this time the Division of Manpower and Training Programs, Health Services and Mental Health Administration, plans and administers most of the National Institute of Mental Health programs of support for training mental health personnel for research and service nationally, including training in the mental health core disciplines, specialized training for professionals and subprofessionals in allied fields, and experimental training for current and newly-emerging programs and activities. National Institute of Mental Health provides support for innovations in the training of new types of personnel and the mental health training of allied professionals. Grants are also awarded for continuing education to increase the effectiveness of existing mental health manpower and to develop other mental health and allied personnel. Hospital staff development grants are made to improve the quality of patient care in State mental hospitals through in-service training of professional and nonprofessional staff.

The National Institute of Mental Health offers financial support for graduate and postgraduate training in psychiatry, psychology, psychiatric nursing, and psychiatric social work in aging. In-service training funds are also available. Training support is provided in the form of financial assistance to increase the national supply of scientists, clinicians, teachers, and allied personnel in mental health.

In general, the objectives of the training program are to improve the quality of mental health training, to enlarge the capacity for training people, to help in the development of specialized training programs, and to enable a greater number of persons to pursue careers in mental health disciplines and related areas, such as aging. To accomplish these objectives, public and private nonprofit training institutions may request funds to defray teaching costs and to provide trainee stipends for individuals enrolled in training programs.

The National Institute of Mental Health makes training assistance available to qualified institutions through: graduate training grants, experimental and special projects, special grants, grants for career teachers, senior stipends, grants for in-service training in State mental hospitals, research training grants, and grants for continuing education.

At present, the major proportion of National Institute of Mental Health training funds concerned with aging is being used for teaching grants and trainee stipends at social work

schools. In 1969, 65 stipends were given to social work students. Social work schools consider that they graduate generalists in casework, community organization, or group work fields and have a generic approach to the client. The National Institute of Mental Health stipends, however, go to trainees with career goals in aging who are being supervised in a setting where aged people are being served.

The qualifications for social workers vary depending upon the position involved. Some positions require no educational qualification, while others suggest a college degree where qualified experience may be substituted for the education, and still others demand a B.A. or M.A.

Employment counselors require an M.A., but community aides have no educational requirement.

Most programs for a master's degree in social work in aging require a field training experience. The student receiving a traineeship in aging takes his field work in a senior center, a home for the aged, or in a community-wide coordination program in aging rather than in the public welfare department, the child care agency, or the hospital which characterize other social work programs.

#### **4. National Institute of Child Health and Human Development**

Training support provides financial assistance to increase the national supply of trained scientists and professionals in fields related to research and on problems of adult development and aging.

In general, the objective of the National Institute of Child Health and Human Development training programs is to stimulate and strengthen the quality and quantity of professional training opportunities for individuals interested in research or research-training careers in the biological, behavioral, and social sciences.

The NICHD makes training assistance available to qualified public and private nonprofit institutions and individuals through three different mechanisms: graduate training grants, research career development awards, postdoctoral and special fellowships.

#### **5. Rehabilitation Services Administration**

Training grants provide financial assistance to increase the supply of qualified personnel for service, research, and teaching in fields related to rehabilitation of individuals having physical, mental, or emotional disabilities. The program's objectives are:

- (1) To increase the supply of personnel in the professional fields involved in rehabilitation of disabled persons.
- (2) To improve the quality of professional preparation for service.
- (3) To facilitate better communication and working relationships among the professional fields serving the disabled.
- (4) To give persons now working with disabled individuals a better understanding of the philosophy and methods of rehabilitation to help them raise their level of knowledge and skill.

Although the Rehabilitation Services Administration does not regard *aging* as a disability *per se*, it recognizes that disabling conditions are more prevalent among older people than younger ones.

#### **6. Community Service and Continuing Education Program, Office of Education, HEW**

This program focuses on utilizing the resources of colleges and universities to seek solutions to community problems, including assistance in meeting the problems of a



community's older population. A number of projects for older people are being supported under this program; their objectives are:

- (1) To recruit and train volunteers, including older people themselves, to serve older citizens of the community.
- (2) To increase the intellectual involvement and community service activities of senior citizens.
- (3) To broaden the economic knowledge and create employment opportunities for older people.
- (4) To make health information available to older adults.

The Community Service and Continuing Education Program is administered in each state by a designated State agency which determines, selects, and allots funds to local programs. Application for support under this program is made to the appropriate State agency—not the Federal Government.

#### **7. Vocational-Technical Education Program, Office of Education, HEW**

This program provides support mainly for public schools—to maintain, extend, and improve vocational education programs. Its purpose is to ensure that youth and adults of all ages have access to tuition-free vocational training or retraining that is realistic in terms of employment opportunities. The program is a comprehensive one, covering all recognized occupations except those generally considered to be professional or which require a bachelor's degree. The training may be at a semi-skilled, skilled, or highly technical level. The program serves older people by supporting these projects:

- (1) Technical training of personnel to serve in such capacities as Companion to an Elderly Person and Nurse's Aide.
- (2) Vocational education for older adults who need training or retraining to achieve stable employment or advancement.
- (3) Special training for those older persons having academic or socio-economic handicaps that prevent them from succeeding in the regular vocational programs.
- (4) Construction of area vocational education facilities, which may be designed with special features for older people.

#### **8. Adult Basic Education Program, Office of Education, HEW**

This program supports educational programs for illiterate and undereducated adults. It is intended primarily for persons 18 years of age and older who have had less than 8 years of schooling. There is no upper age limit.

Adult Basic Education's specific objectives are to encourage and expand basic educational programs for adults so that they can overcome English language limitations, improve their basic education in preparation for occupational training and more profitable employment, and become more productive and responsible citizens. Recent amendments also provide grants for teacher training in adult basic education. For middle-aged and older people, the Adult Basic Education program can be valuable in either of two ways: through their participation as students, and/or through their participation as volunteers or as paid employees—serving as teachers, teacher aides, child-care aides, recruiters, tutors, and consultants.



## 9. Manpower Development and Training, Department of Labor

These programs are designed to provide occupational training and retraining for unemployed and underemployed persons who cannot obtain appropriate full-time employment without such training. Basic education may also be provided when it is required. The training is offered in a variety of settings. Programs under the Manpower Development and Training Act (P.L. 89-792 (80 Stat. 1434) November 7, 1966 which amended P.L. 87-415 (76 Stat. 24) March 15, 1962) serve older people and provide:

Training for older workers (age 45+) who need employment. Increasing emphasis is being given to this group as a result of the "older worker" amendment of 1966. It requires "where appropriate, a special program of testing, counseling, selection, and referral of persons 45 years of age or older for occupational training and further schooling designed to meet the special problems."

Training for subprofessionals such as nurse's aides and occupational therapy aides, who will serve older people.

Refresher training for unemployed persons, including professionals such as registered nurses, many of whom will be serving older people.

Training programs under the Manpower Development and Training Act are administered jointly by the Department of Labor and the Office of Education, Department of Health, Education, and Welfare.

## 10. Manpower Research Programs, Department of Labor

This program of manpower research, supported through grants and contracts, is authorized under the Manpower Development and Training Act. It is designed to improve the Labor Department's operational programs, develop new perspectives and solutions to manpower problems, and provide early learning of emerging problems. There are four kinds of programs: research contracts, small research grants, grants for doctoral dissertations in the manpower field, and institutional grants for developing manpower research capabilities. Such programs could be applied to manpower development in the field of aging.

## 11. Office of Education, Bureau of Research, HEW

The Bureau of Research, Office of Education, administers grants and contract programs available to educational institutions to assist them in meeting the cost of research, surveys, and demonstrations in the field of education. Its general aim is to support the development of knowledge of major problems of education at all levels of education—which could include education for the aged.

Contracts and grants may be awarded for basic research, surveys, and demonstrations; for constructing and equipping national and regional educational laboratories; for the establishment of centers for research and demonstration; and for training researchers in education.

## 12. Social and Rehabilitation Service, HEW

The field of public welfare is giving increasing attention to the provision of services to older people and, thus, to broadening the knowledge and skills of its professional personnel. Funds are made available to State public welfare agencies which may be used to support career and in-service training. Support may be given to schools of social work for teaching, field work instruction, and teaching aids. State welfare departments are authorized to obtain Federal reimbursement for support of personnel detailed for refresher or advanced training.

### 13. Other Programs

In addition to these programs are those of the National Science Foundation and the Veterans Administration. These organizations support research in aging, most of which has a training component. Construction grants are given through the Office of Education, Public Health Service, and Vocational Rehabilitation Administration. Funds, when available, are for construction of teaching, research, and clinical facilities for all professional areas.

#### B. PRIVATE ORGANIZATIONS

As training in aging becomes more visible, it will be possible to attract support from an increasing number of private sources. While a large portion of the elderly fall below the poverty line in annual income, a substantial number of aged individuals are in a financial position to contribute generously to training in gerontology. In addition to this source are a few philanthropic organizations and agencies which support training in many areas. Those foundations listed in *Resources for the Aging: An Action Handbook* which state an interest in supporting training in gerontology will be briefly described. The total dollar investment of foundations in training in gerontology is not known. It is not believed to be a large component of foundation support.

##### 1. Foundations

*Lilly Endowment, Inc.* Funding interests cover broad purposes with major emphasis in areas of education, religion, and community services.

*The Madeleine M. Low Fund, Inc.* Grants are made for purposes of general welfare. Major contributions in recent years have been in areas of health and welfare, but considerable interest has also been shown in problems of community development, education, and the arts.

*(J.M.) McDonald Foundation, Inc.* Purpose is to contribute to any institution organized exclusively for religious and educational purposes, for care of the aged, and for assistance to orphans or children who are sick, blind, or crippled. Primary emphasis is on youth training and child care in an effort to help combat juvenile delinquency and to aid underprivileged, mentally retarded, or physically handicapped children. Other major interests include support to hospitals, buildings, and equipment for educational institutions, scholarships, and church support.

*McGregor Fund.* Founded to relieve the misfortunes and promote the well-being of mankind, including problems of the aging. Major contributions are made in the areas of health, education, and welfare.

*The Pew Memorial Trust.* General giving is intended to serve broad purposes.

*Russell Sage Foundation.* Purpose is to encourage and support research in the social sciences under the direction of staff or in collaboration with other institutions. Grants ordinarily are not made in the support of independent ongoing activities of other agencies or individuals.

*The Sears-Roebuck Foundation.* Contributions in the past have been to projects treating problems of the aged with contributions being to the field of education and health.

*The S & H Foundation, Inc.* This foundation provides support both to local and national groups serving in the areas of health, education, and social welfare. Primary activities are in the field of education, but some special grants are made for scientific, literary, religious, medical research, and charitable purposes.

*United States Steel Foundation, Inc.* In general this foundation supports national welfare needs; health and hospital programs; cultural and community problems and projects; basic research in physical, social, and life sciences; and a variety of education programs. Major activity has been in the field of education, but the range of interest is broad, as expressed by the large number of grants to different institutions, groups, and individuals.



## **C. VOLUNTARY AGENCIES**

### **1. Adult Education Association**

This association is a nonprofit membership organization established to further the concept of education as a process continuing through life. Particular concerns are the middle aged and aged, and the association is devoted to developing sound concepts of maturity by providing broad programs of education that also include pre-retirement and retirement. There is a section on aging with several hundred members. The association offers general information services receiving and distributing educational information, encourages and assists agencies to develop adult education programs, and sponsors pre-retirement programs through local affiliates.

### **2. American Association of Retired Persons**

This association has been founded to promote the understanding of aging as a modern social achievement, to offer the older citizen opportunities for self-appraisal, and for planning a way of life designed to attain the maximum amount of realization and enrichment in the years ahead, to foster equality of opportunity for the aging population, and to aid retired persons in every way.

### **3. National Conference of Catholic Charities**

This is a central national membership organization for Catholic Charities that provides leadership to the Catholic Charities Movement and serves as a clearing house and center of information. It services local communities by conducting and publishing research, making field visits and consultations, and organizing regional and national meetings. Problems of the aged are approached through its Commission on Aging which conducts research, arranges meetings and conferences, workshops and institutes.

### **4. National Council of Senior Citizens**

This council is an educational and action group that supports legislative efforts for increased medical care and social security, improved recreational, educational, and health programs, increased voluntary service programs, reduced costs on drugs, better housing, and other programs to aid senior citizens. A general education service sponsors educational workshops and leadership training, assists local groups to develop programs for the elderly, encourages participation in social and political action activities, and operates as a general information service providing films, books, special reports, and other information.

### **5. National Council on the Aging**

This council is a central, national resource for planning, information, consultation, and materials. It provides leadership for organizations and individuals concerned with the field of aging and serves as a medium through which all interests can work together in clarifying needs, setting standards, and finding practical solutions to problems. Areas of primary concern are: community planning and development, education, employment, housing, health, institutional care, social services, recreation, and retirement. General services include professional consultation, gathering and dissemination of information, a special lending library, conferences, institutes, seminars, special studies and projects, general liaison with government and other organizations, development and design of funded demonstrations.

### **6. Other Organizations**

The Jewish Home and Hospital for the Aged has participated in training in aging. This agency has offered numerous courses in geriatrics for physicians, social workers, recreation



leaders, and others. There are certainly many more organizations that have programs in training, but they were not known at the time this report was prepared.

## **D. PROFESSIONAL AND SCIENTIFIC SOCIETIES**

Groups of scientists and professionals have organized to promote the increase of knowledge and to advance their professions. Some of these groups include in their functions programs to advance training in aging. The groups which have shown interest in training in gerontology are described below.

### **1. American Nursing Home Association**

This is a membership association whose aim is to improve the general health of the community through service to the nation's nursing homes and their patients. It plays a major role in upgrading standards of care and in raising nursing home administration and care to a professional level. It sponsors training programs for nursing home administrators, the professional nursing staff, and other employees.

### **2. American Optometric Association**

The general aims and purposes of this association are to advance, improve, and enhance the vision care of the public. A National Committee on Vision Care of the Aging acts to investigate and report changes in vision caused by the aging process, to prepare and disseminate information to State and regional affiliates, to develop curricula in schools and colleges of optometry, to expand the use of aids for the partially sighted older patient, and to assist in vocational rehabilitation for the aged.

### **3. American Public Welfare Association**

This membership association is a national voluntary organization representing local, State, and Federal public welfare departments and public welfare personnel at all levels of government. Its membership includes voluntary agencies and any individuals who have an interest in public welfare. The Public Welfare Project on Aging directs its efforts to work with all public welfare agencies to expand and improve programs designed to meet the social, economic, and health needs of the aged. It is also involved in working with all training personnel to improve the delivery of services to the aging through working with administrators and staff development, supervisory and casework personnel.

### **4. Gerontological Society**

This is a nonprofit national membership organization founded in 1945 for improving the well-being of older people by promoting scientific studies of the aging process, by publishing information about aging, and by bringing together all groups that are interested in older people. The Society holds annual meetings to report latest research in biological sciences, clinical medicine, psychological and social sciences, and social welfare. It also develops curricula for training in all fields of aging.

### **5. National Retired Teachers Association**

This association was founded in 1947 by representatives of the California Retired Teachers Association with Dr. Ethel Percy Andrus as its organizer and first president. The National Retired Teachers Association devotes its income wholly and solely to furthering its educational objectives and is operated exclusively for educational purposes in the interest of public service.

## 6. National Association of Social Workers

This is a membership organization of professional social workers. Its general purposes are to promote the quality and effectiveness of social work practice through services to the individual, group, and community; to further the broad objective of improving the general conditions of life; to develop by research the knowledge needed to obtain their goals; and to promote standards of training and practice in social work. The association does not provide direct services to old people, but acts through its membership, commissions, and committees to study the needs of the aged and to promote programs to meet those needs.

## 7. National League for Nursing

This organization works through constituent leagues and agency members to foster the improvement of nursing education and nursing service to meet needs of the people. The membership is made up of agencies which form councils of schools of nursing, hospital and related institutions, and public health nursing services, and of individuals—nurses, allied professionals, educators, and lay people. The league assists in training in aging by sponsoring meetings and conferences, workshops, consultation services, and publications.

## 8. American Nurses Association

This organization established a Division on Geriatric Nursing practice in 1966 and now has a membership of over 30,000. Its primary functions are the development of standards for geriatric nursing practice and a program of certification for geriatric nursing practitioners. The association is concerned with the problem of providing staff for nursing homes. A significant part of each American Nurses Association convention is the clinical and scientific sessions, many of which deal with long-term care. National clinical conferences conducted by the association always include geriatric nursing. Realizing the need for sound utilization of the skills of professional nurses, it has strongly supported programs for the recruitment, training, and utilization of practical nurses and other assisting personnel. For many years the association has urged increasing financial support for the training of nursing personnel in vocational and technical programs. It has also worked with the National Federation of Licensed Practical Nurses to designate appropriate functions of the practical nurse and has worked for licensing legislation that would define standards of training and the type of practice permitted these personnel. The American Nursing Association has developed a suggested curriculum and has promoted refresher courses for nurses not now practicing. About 6,500 nurses have returned to either full- or part-time employment.

Several problems that have arisen in the nursing profession may lead to an even more critical shortage of nurses. The American Medical Association has recognized that across the country there is an acute shortage of trained nursing personnel (U.S. Senate Special Committee on Aging Hearing, 1969). Because hospitals can no longer afford the heavy costs of nursing education, many hospital nursing schools have had to close. Consequently, the AMA has urged increased subsidies to hospital nursing schools and has encouraged State and local medical societies to seek all available sources of financial support for hospital nursing schools.

In a U.S. Senate Special Committee on Aging Hearing (1969), testimony was given regarding many developments taking place in the nursing profession. Schools of nursing in many parts of the country are developing theoretical courses and clinical practices in relation to the care of the aging and long-term patient. Selected university schools of nursing provide a major in long-term care and/or geriatrics. There are increasing numbers of professional nurses entering the field of aging as clinical specialists, consultants, and nursing service administrators. In order to upgrade the competence of nurses employed in nursing homes, short-term traineeships have been available.

## 9. Other Organizations

Among other professional societies which have given or are giving attention to the problem of career training in aging are: the Council on Social Work Education, the American Public Welfare Association, the American Home Economics Association, the American Library Association, the American Public Health Association, the National Association of Housing and Redevelopment, the American Psychological Association, and the American Geriatrics Society.



## V. ISSUES

There are a number of questions or issues that must be resolved if the United States is to have a considered national policy with respect to manpower development at both the professional and nonprofessional levels.

The need to develop a national policy on training in aging is based on the following assumptions:

... The way to develop improved services to the aged is by increasing the number of trained personnel that relate directly to retired persons.

... Improved quality of services depends also upon increasing the knowledge base through the activities of trained researchers.

... The problems and facts of aging should be incorporated into our secondary and undergraduate levels of education.

... Retired persons are able to provide volunteer services to the aged and many will do so if they are provided opportunities and the necessary skills.

... Educational institutions at all levels are largely preoccupied with preparing the large numbers of young people for careers in established occupations and for meeting new technological requirements. They are not likely to give much attention either to training personnel for the field of aging or to recruiting middle-aged and older people as students without strong encouragement.

The following are at least some of the most germane questions or issues which must be resolved in the process of developing recommendations for a national policy to train the amount and quality of manpower needed in the field of aging.

- (1) Where should responsibility be placed for the development of a national plan for training manpower in aging?
- (2) What allocation of responsibility for manpower development in aging should be made between governmental and non-governmental groups?
- (3) What educational level of training on aging should receive the highest priority if all levels cannot be accommodated according to need?
- (4) Is there a need for multidisciplinary training centers in gerontology?
- (5) Is Federal and State financial support critical to the development of more manpower in aging?
- (6) What age student should receive priority for training in aging?

### *Issue 1.*

Given, that manpower development in aging is lagging seriously behind the proven need, should responsibility for the development of a more vigorous national plan and continuing surveillance of training be lodged in a single Federal agency created for the purpose? Or, should funds be made available to several Federal agencies for the support of manpower training in accordance with their individual perceptions of needs, as at present?

A national plan for training could be developed and implemented through a variety of mechanisms or structures. At the present time, a number of Federal departments and agencies share the responsibility for the Federal Government's training programs in aging. These agencies include: Administration on Aging, National Institute of Child Health and Human Development, National Institute of Mental Health, Department of Labor, Rehabilitation Services Administration, Department of Housing and Urban Development, and others. Together, they fund a variety of training programs that prepare persons for careers within their specific area of concern. One result of this sharing of responsibility is a lack of coordination of training resources and effort, with resulting gaps in fulfillment of training needs, and a certain amount of overlap.

Proponents of coordination maintain that a single Federal agency should be established to provide the needed visibility and focus on training. They point out that placing responsibility within a single agency: would enable training resources and programs to be better coordinated, would increase the priority for training (and hence increase the funds available), and would permit the establishment and implementation of a systematic national plan and guidelines for training. Such an organization would also facilitate many activities that are necessary in meeting training needs—establishment of a continuing survey of training activities, evaluation of training in relation to evolving national goals and needs, survey of training methods and materials, and the development of forecasts of training needs in terms of numbers of persons, field of concentration, and dollar costs.

Proponents of the other view maintain that components of a national policy and plan could be better developed and implemented by specific agencies with competence in the various aspects of aging. They also hold that coordination of resources and programs could be achieved through close communication and cooperation by these individual agencies. It is further contended that specific agencies are in a better position to determine training needs within their subject areas and to develop training programs that would more adequately prepare persons for specialized careers.

The question to be resolved is, what structure would be most effective in developing and implementing a national plan to produce the large numbers and varied kinds of personnel required to serve the older population?

## *Issue 2.*

**Should policy formation and planning for manpower training in aging be the sole responsibility of government agencies having statutory responsibility for programs and services for older people? Or, should these functions be shared with nongovernmental groups such as scientific and professional organizations and organizations of older and retired persons?**

The discussion material for *Issue 1* presupposes that responsibility for the development of policies and programs for preparing personnel for research, teaching, and professional service in the field of aging will continue to rest largely with government departments and agencies. It is suggested in the background paper, however, that nongovernmental agencies have a large stake in the production of personnel for the field and that they too should become involved in various ways. These might include scientific societies, professional organizations, and organizations of older people.

Up to the present, scientific societies in the field of aging and societies closely related to the field have taken relatively little initiative in encouraging the development of programs to train research and teaching personnel with special competencies in gerontology. The relatively small number of training programs for researchers and teachers in aging and the small numbers of students and graduates are no doubt a consequence, in part, of this relative lack of concern. Proponents for their greater involvement in the training field believe that scientific societies could be more effective in stimulating educational institutions to prepare personnel for gerontological research and teaching, recruiting students to the field, helping to estimate



manpower needs, and advising on the amount and types of support that should be afforded by public agencies and private organizations.

With a few notable exceptions, organizations of professional personnel in fields relevant to the provision of services for older people have been desultory in showing their concern for increasing the numbers of workers qualified for serving the older population. Persons in the fields of gerontology and geriatrics believe that there are significant roles for professional organizations. They, like scientific societies, could encourage the expansion of formal training programs and recruiting students. In addition, they could develop performance standards for occupations—such as institutional administration, retirement housing management, and senior center direction—where such standards are needed but lacking. Professional organizations could determine or assist in determining the numbers of people needed at various levels in the professions and helping professions; they could work toward the upgrading of positions and salaries for personnel in aging; devise or help in devising curricula for training programs; and sponsor short-courses in aging for some of their own members.

A third group that might well be concerned with personnel training is organizations of older people. Characteristically these organizations have evinced virtually no interest in influencing the content of training programs, supporting appropriations for training, or in creating opportunities for their own members to become qualified to serve the older population in professional or semiprofessional capacities. One of the possible explanations for this lack of interest is mistrust of or at least apathy of older people toward research workers and trained professional personnel. As was indicated in previous sections, communication avenues have not been opened between older people and professionals.

Members of scientific societies and professional organizations in aging and older people have more interests in common than they realize. It has been suggested that it would be useful, in the interest of national policy for aging, to have an association or a consortium of such organizations to make certain that the people required to serve the older population are produced, and to insure that planning and training in the sciences and professions reflect compassion for older people and concern for the needs of society. From the point of view of older persons, a consortium approach would insure that the benefits of science and professional experience would be directed toward improving the circumstances of life in the later years.

When public agencies that support the training of personnel for the field of aging develop and fund training programs, they should be required to seek the advice and guidance of scientific and professional organizations and of organizations of older people. It can be argued, on the other hand, that since public funds support most of the programs and services for older people—governmental agencies are adequately qualified to determine what tasks need to be done, what qualifications and standards for performance should be, what amount and kinds of training are required, and where training should be offered.

### *Issue 3.*

**Should the major focus and priority be placed on doctoral level training for teaching and research? Or, should equal or greater priority be placed on short- and long-term training of professional and semiprofessional personnel for planning and delivery of services to the older population?**

Every study that has been made of manpower needs in the field of aging reveals that the number of persons qualified by specialized training to serve the older population is abysmally small. The paucity of knowledge about aging and of the most effective, efficient, and humane ways to serve older people is equally apparent. Similarly, the numbers of older people needing facilities and services especially designed to meet their needs is immense.

The questions stated in *Issue 3*, thus, are compelling ones. Training personnel at graduate levels for research and teaching requires time and money. Yet, unless such persons are trained, our knowledge of aging will remain relatively meager. And, there will continue to be



far fewer teachers than are needed to train the personnel required for planning and providing facilities and services for the older population.

On the other hand, planning for older people and programs of health, welfare, housing, employment, and recreation for older people are expanding. It is self-evident that planning and service programs can achieve their objectives only if responsibility for them is placed in the hands of people who have the necessary skills along with knowledge of older people and their needs. Such personnel can be produced through career entry training at graduate and undergraduate levels. Their numbers can be increased—sometimes rather quickly—by providing short courses in aging for persons already employed in professional and semiprofessional occupations. The amount of such training that can be offered is limited by the scarcity of training programs and qualified teachers.

The basic issue can be stated quite clearly: should national policy for the short-range future call for, perhaps by the end of the decade, the training of researchers and teachers who will add to knowledge about aging and who will be available to train professional service personnel? Or, should the emphasis be on career and short-term training for professional and semiprofessional personnel using the limited training capabilities now available?

#### *Issue 4.*

**Should there be developed regional university-based multidisciplinary training centers in gerontology? Or, should research and training be fostered in a wide range of colleges and universities in individual departments or multidisciplinary programs in gerontology?**

When training and research in gerontology and for service in aging first appeared, it was conducted within established university departments and schools such as anatomy, biochemistry, psychology, sociology, recreation, and social work. To a large extent this continues to be true. It is not difficult—if financial support is available—to get research or even specialized training started when an individual or group of individuals within a single academic unit becomes interested.

Researchers and teachers soon recognized that aging affects all parts of the human organism and all aspects of the individual's mental and social life. They discovered also that the several aspects of aging are interrelated—that certain biological changes, for example, affect the individual's capacity for work and participation in social life. Recognition of these facts led some researchers and universities to create multidisciplinary centers, i.e., places or mechanisms through which students of aging from two or more different fields could share information and join with one another on research projects. Such centers at Duke University and The University of Chicago have been particularly effective.

When specialized training in aging got underway, a similar need was recognized. Persons preparing for work in aging require a basic knowledge of all the ways in which an individual ages. Thus, the university-based center for aging became an ideal facility for preparing broadly trained gerontologists and for providing the gerontological core for persons being trained for professional service in a variety of fields. The multidisciplinary groups brought together for research and training have come to be regarded by State agencies on aging and other agencies and organizations as valuable resources for consultation and guidance in the development and evaluation of facilities and programs for older people. The State-supported University of Michigan-Wayne State University Institute of Gerontology and the Gerontology Center at the University of Southern California have been singularly successful in harnessing the energies of representatives of several fields for research, professional training, and technical assistance. Other institutions, such as the University of South Florida and the University of Oregon, Portland State University are developing centers along similar lines.

As a result of these examples, recommendations have been made that centers for training, research, and technical assistance should be established in each major region of the country, if not within each State having a large older population. Proponents urge that such multidisciplinary centers have a large potential for research and evaluative studies in many

aspects of aging, for training personnel for a wide range of occupations, and for providing expert assistance to program agencies on any problem with which they may be confronted.

A counter point of view is that education and research on aging should be widely dispersed; that all students should have an opportunity to learn something about the later stages of human development and aging. Concern is expressed that concentration of effort in a few regional centers might discourage or retard the introduction of information on aging into courses and curricula in all institutions of higher education.

The immediate question is then: which of the two approaches has the greater promise for recruiting, educating, and training the large numbers of personnel required to extend our knowledge of aging and to plan and provide properly for successive generations of older people? Or, is there a third alternative?

#### *Issue 5.*

**Is the need for personnel especially trained for serving the older population and for teaching and research critical enough to call for continued or increased Federal and State government financial support? Or, should educational institutions at all levels build training for work in aging into their programs and look to their established sources (State appropriations, tuition, gifts, and foundations) for support?**

It is commonplace among people working in the field of aging that there are far too few training opportunities and only a small fraction of the personnel really needed for research and teaching in aging, for planners and administrators of facilities and programs, and for providing direct services to the older population. It is also argued in previous sections of this paper that training programs for persons wishing to work for and with the older population have come into existence only following encouragement and financial support from the government. The question for consideration is: should government continue and perhaps increase its support to educational institutions and to students in an effort to get more trained personnel into the field of aging? Or should national policy be to leave to educational institutions the initiative and responsibility for providing education and training for the tens of thousands of professional and technical personnel required to serve the older population, using conventional sources of income to cover the costs of the training?

The Federal Government has frequently proceeded from the general policy that public funds should be used to recruit and train personnel for tasks—e.g., in physics, space engineering, health services—which are important to the national welfare and for which the demand for personnel far exceeds the supply. It was on the basis of this principle that the Congress appropriated funds to the National Institutes of Health and the Administration on Aging to be used to launch training for the wide variety of persons required for research and teaching and for providing services to the older population. The grants made to educational institutions for faculty salaries and for the support of students have led to the appearance of strong teaching—research programs in aging and the recruitment of several hundred students interested in preparing for careers in the study of aging or in service to older people. Most people in academic and professional leadership positions in the field urge strongly that both the Federal Congress and State legislatures should increase support for education and training in aging at all educational levels. It is argued, also, that highly qualified students are likely to be attracted to serving the older population if government assigns sufficiently high priority to the field and supports training programs.

Others appear to take the position that educational institutions should recognize the need for personnel in aging and offer the necessary instruction with funds obtained from State educational support, tuition, gifts, and, perhaps, grants from foundations. However, foundations have not provided much support for gerontological education, and educational institutions have not been willing to direct more than a pittance of their own funds to this purpose.



Proponents of less Federal involvement generally agree that there is need for personnel with specialized knowledge in aging. They tend to advance the view, however, that State and local governments have responsibilities for health, social, recreation, and education services to the aged and that consideration should be given to reserving some portion of State education budgets and categorical departmental budgets to support training offered by public and private educational institutions.

*Issue 6.*

**In allocating funds for support and recruitment of personnel to be trained in aging, should priority be given to young persons yet to make a career commitment? Or, should the major focus be on providing knowledge and skills in aging to persons who have had work experience in other areas or who may have retired?**

Traditionally, recruitment and education for research, teaching, and professional service has been addressed to young people. Expenditures for training young people have been thought to have larger payoff because young persons have a long work-life expectancy. Furthermore, prior to the period of rapid technological change, few people other than the young were available for career or entry training.

In today's society and economy, circumstances are changing rapidly. Many women return to the work force after their children have been launched. Thousands of men and women retire from military service in middle age. And, the value of the knowledge and skills of increasing numbers of workers is lost because of technological change. Hence, they need new careers. Finally, considerable numbers of persons who reach middle age or conventional retirement ages wish to continue to work, albeit in different occupations or settings. These groups, in the aggregate, represent a sizable pool within which recruits for the field of aging may be found.

In some respects, there may be certain advantages to recruiting middle-aged persons for the field of aging. Some housewives returning to work have had training and experience in the health professions or other relevant areas. Retired military personnel include many who have had administrative experience including hospital administration. Thus there are midcareer persons who have skills needed in the field of aging who can be given gerontological training and moved rather quickly into the field. The experience of several training programs in aging is that such persons can be attracted and they perform well both during and following the training period. They will have a shorter work-life expectancy, of course, than will students 20 or 25 years their junior. This fact may be offset, say some, because middle-aged and older people may have empathy with the aged.

Are there sufficient reasons why recruitment policy should favor one age group over the other?



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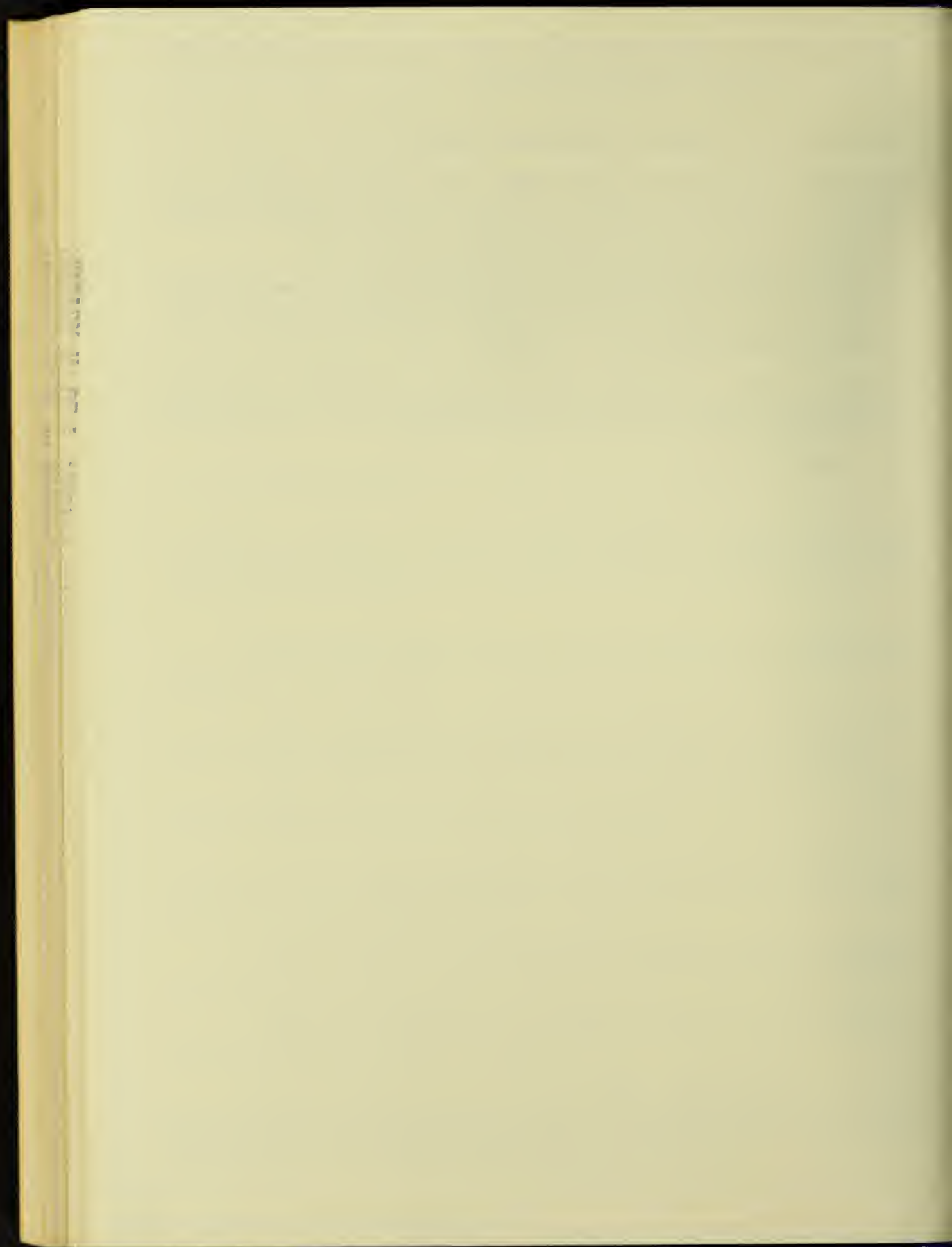
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**1971 WHITE HOUSE CONFERENCE ON AGING**

**TRANSPORTATION**

**BACKGROUND**

Joseph S. Revis

**ISSUES**

**THE TECHNICAL COMMITTEE ON TRANSPORTATION**  
With the Collaboration of the Author

Thomas C. Morrill, Chairman

White House Conference on Aging  
Washington, D.C. 20201  
March 1971

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# Physical Education

## FOREWORD

This paper on Transportation provides information for the use of leaders concerned with the development of proposals and recommendations for national policy consideration and of delegates to the national White House Conference on Aging to be held in Washington, D.C., in November-December 1971.

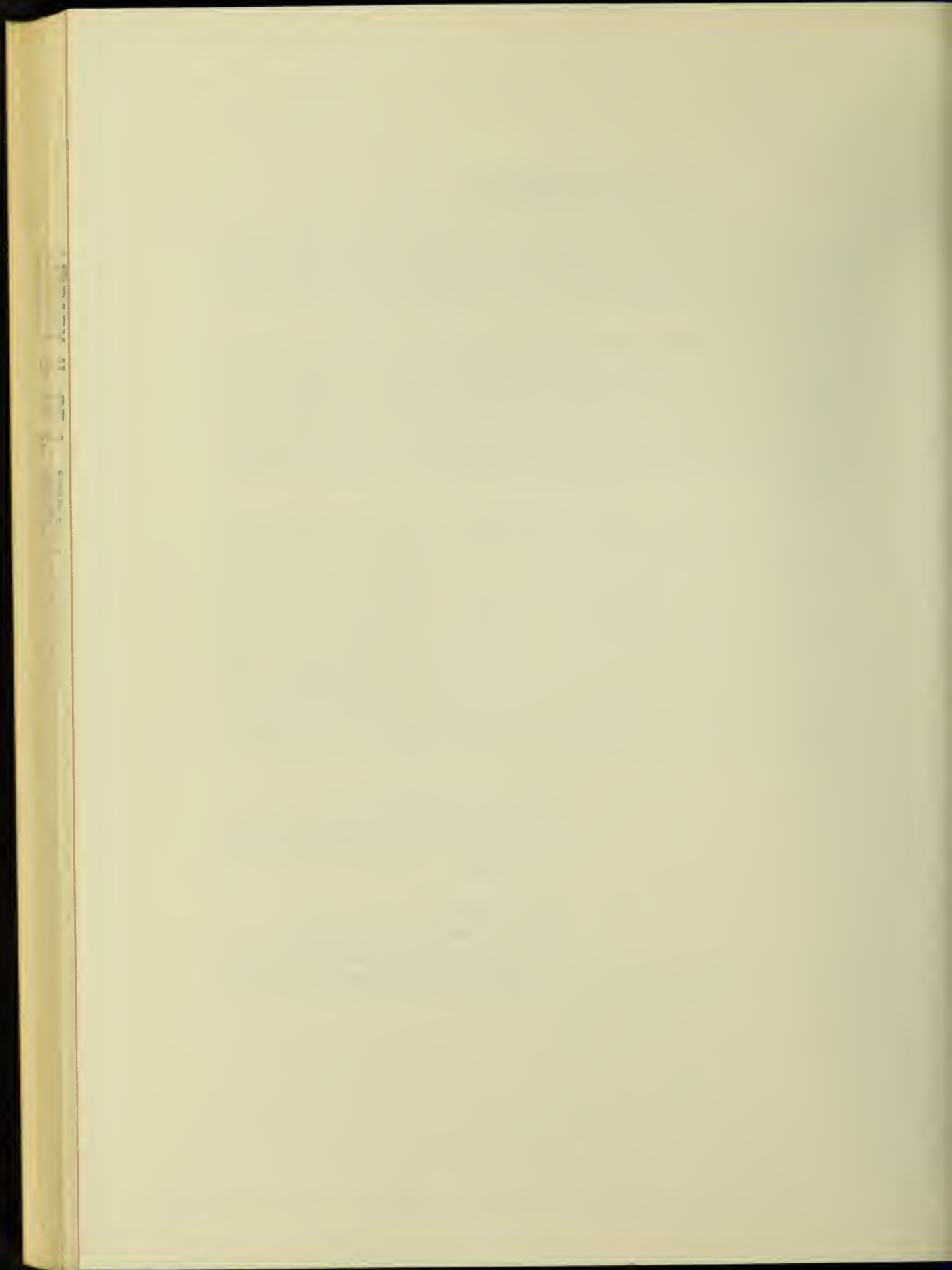
The first four sections of the paper discuss: the need for improved and adequate transportation systems; goals proposed by previous conferences, workshops and other groups; knowledge available on the present transportation needs and problems of the elderly; and identifiable gaps in this area. These sections of the paper were prepared for the Conference by Joseph S. Revis, Consulting Associate, The Institute of Public Administration, Washington, D.C., with guidance from the Technical Committee on Transportation.

The fifth section of the paper identifies several major issues relevant to improving the transportation needs of older people. The issues were formulated by the Technical Committee on Transportation for consideration by participants in White House Conferences on Aging at all levels and by concerned national organizations. The purpose of the issues is to focus discussion on the development of recommendations looking toward the adoption of national policies aimed at meeting the transportation needs of the older population. The proposals and recommendations developed in community and State White House Conferences and by national organizations will provide the grist for the use of the delegates to the national Conference in their effort to formulate a National Policy for Aging.

Arthur S. Flemming  
Chairman, National Advisory Committee  
for the 1971 White House Conference  
on Aging

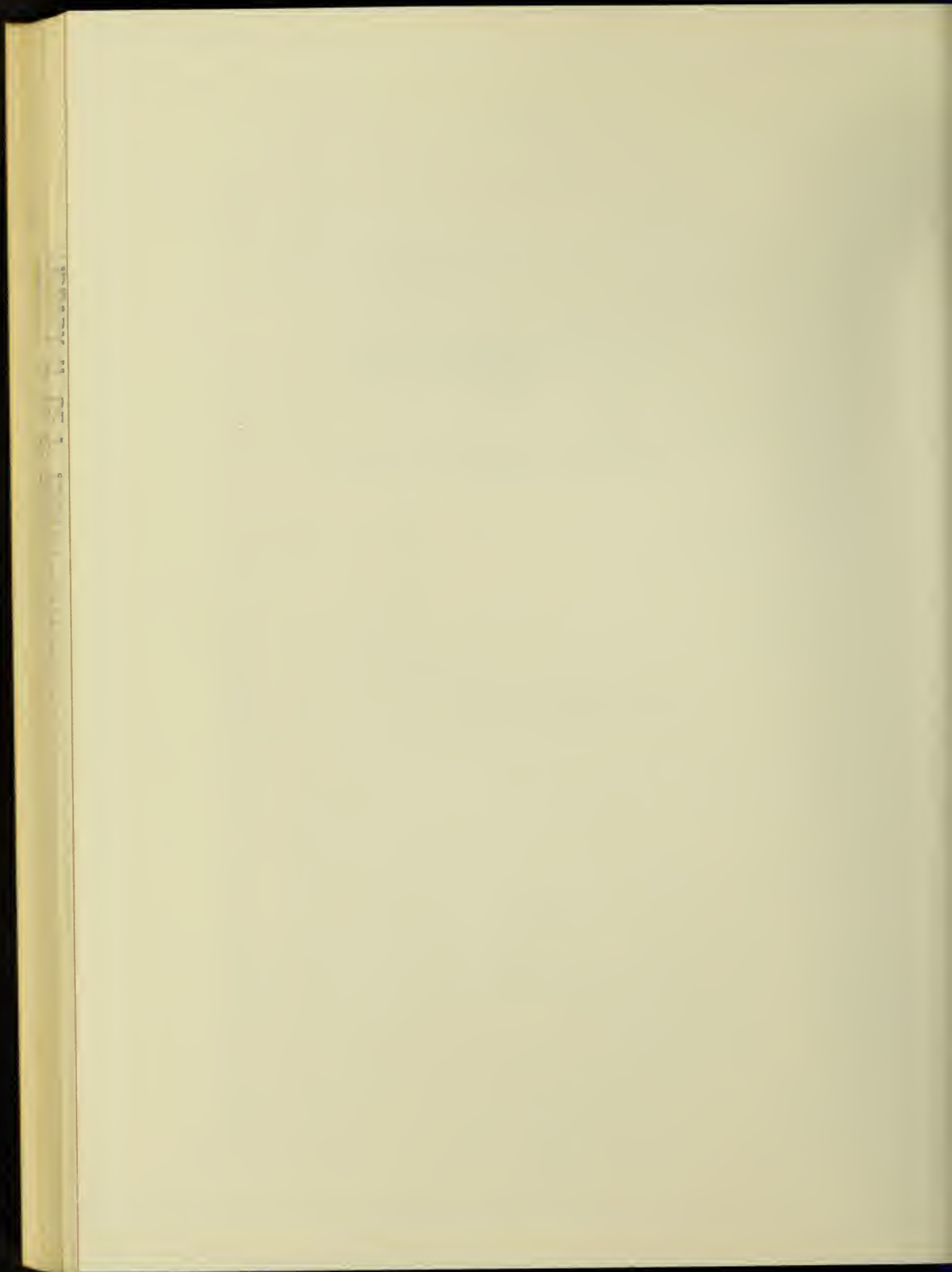
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White House Conference on Aging





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# I. INTRODUCTION--THE NEED

## A. STATEMENT OF THE PROBLEM: THE ELDERLY ARE NOT ADEQUATELY SERVED

Simply stated, the essence of the problem faced by the elderly is that they are not adequately served by the transportation systems available to them.<sup>1</sup> They are poorly served because of a combination of four main factors: (1) low incomes, (2) they usually live in areas poorly or not served at all by public transit, (3) they are confronted by a transportation network and facilities strongly oriented toward the private automobile, and (4) the design and service features of our transportation systems pose serious maneuverability and orientation problems. Furthermore, these problems interact with one another and in so doing further augment the transportation difficulties of the elderly. For example, their low incomes often force them to live in poor public transit service areas and prevent them from owning a private automobile. Rising fares and financially declining transit companies also restrict their travel. Even where transit is available, design and directional information features may make it difficult for them to maneuver and complete trips. Transit routes may go to the wrong places and preclude access to available part-time work which might improve their income positions.

### 1. The Budget Problem

In general, the elderly exist with about 50 percent of the income of the younger age groups. In 1967, the median income for families with heads of household in the age group 14-64 was \$8,504 in contrast to \$3,928 for household with heads 65 and over; furthermore, the data indicate that the gap is widening so that future budget prospects for the elderly (all other things equal) are even grimmer (Hearings before U.S. Senate Committee on Aging, 1969). The picture for elderly individuals living alone or with nonrelatives is even bleaker. Not only did they have half the median income of their younger counterparts (\$1,480 versus \$3,655 in 1967), but their income was less than half that of the elderly living in families (\$1,480 versus \$3,928 in 1967) (*Ibid.*, p.188).

As might be expected, the impact of these low incomes is on consumption patterns and includes the ability to pay for transportation. Data collected by the Bureau of Labor Statistics on family and single-persons consumption expenditures in 1961-62 showed that the elderly spent about half as much as the younger groups and their consumption patterns were different, partly due to needs, but mostly due to the income differentials (Brotman, 1970). The data showed that in 1961-62, for those 65 or over, food and housing accounted for about 55 percent of their consumption expenditures in contrast to less than 48 percent for those under 65. The elderly spent 10 percent on medical care while those under 65 spent only 6 percent. In terms of transportation, those over 65 spent 12 percent of their consumption

<sup>1</sup>By no means are the difficulties with existing transportation systems confined to the elderly. The poor, the handicapped, and the very young also suffer from some of the same difficulties.



expenditures for transportation in contrast to about 16 percent for those under 65. The difference in the case of transportation expenditures may reflect somewhat different needs with respect to transportation, as well as the fact that many of the elderly cannot afford to own automobiles. However, the budget may also reflect the fact that they must spend larger proportions of their consumption expenditures on medical care, food, and housing, leaving less money available for other purchases, including transportation (Brotman, 1970).

Of particular significance is the fact that some studies of consumer expenditures "tend to show that higher income families show similar expenditure patterns regardless of age" (Brotman, 1970). This suggests that the needs of the older population are not less, but that they cannot afford to buy everything they need. Data developed by the Bureau of Labor Statistics, showing the estimated cost of three different budgets for a retired couple living in United States urban areas in the spring of 1967, suggest the same situation.<sup>2</sup> Table 1 summarizes data for the three budgets and shows transportation as a percentage of total consumption. Transportation accounted for 7.2 percent of family consumption in the lower

TABLE 1.—SUMMARY OF BUDGET FOR A RETIRED COUPLE IN URBAN AREAS AT THREE LEVELS OF LIVING, SPRING 1967

Budget level	Total budget	Transportation	Transportation as percent of total
Lower . . . . .	\$2671	\$191	7.2
Intermediate . . . . .	\$3857	\$382	9.9
Higher . . . . .	\$6039	\$682	11.3
Ratio of high to low . . . . .	2.3 to 1	3.6 to 1	

Source: U.S. Department of Labor, Bureau of Labor Statistics, *3 Budgets for a Retired Couple in Urban Areas of the United States, 1967-68*, Bulletin 1570-6 (Washington, D.C.: Government Printing Office, May 1970), p.6.

budget and 11.3 percent of family consumption in the higher budget (United States Department of Labor, Bureau of Labor Statistics, 1970). Table 1 also shows that the transportation component of the highest budget is almost four times as large as that in the lowest budget, as compared with a relationship of just over 2 to 1 for the total budget. This again suggests that as the amount of income in the hands of retired couples living in urban areas increases, the amount spent on transportation increases both absolutely and relatively.<sup>3</sup>

Thus, the elderly are poor and, considering other needs, cannot afford transportation by whatever mode. In conjunction with low incomes, transit fares (low as they often are for

<sup>2</sup>Keeping in mind that the three budgets do not represent actual expenditures and are derived as three separate baskets of goods representing three different standards based on judgment as to what each level should consist of, assuming normal desire for a healthy, full life. They do, however, represent the judgment of experts and are intended to be realistic. For details see BLS Bulletin 1570-6, especially Chapter I.

<sup>3</sup>Of course, the difference between the two budgets may be accounted for by the different amount of transportation specified in each budget. For example, in the lower budget, low proportions of automobile ownership were assumed in the aggregate with no auto ownership included within the lower budget for some large urban areas. This is in contrast to the higher budget where a car was allowed for all families in nonmetropolitan areas and for about 75 percent of the families in the large metropolitan areas. However, the amount of transportation provided in each budget does reflect the best judgment of what is realistic and can be taken as indicative (U.S. Bureau of Labor Statistics, 1970).

the costs involved) may well be too high for their scant and usually fixed budgets. Furthermore, transit fares are increasing on a nationwide basis which is a further travel deterrent. Auto insurance and maintenance costs are also rising, making transportation by whatever mode increasingly costly and difficult for elderly people to obtain.

There can be little doubt that larger proportions of the elderly are poor; Table 2 makes that quite clear. For example, in 1968, for families with a male head of household over 65, and wife (couple only), 24.2 percent had incomes under \$2,500. For those individuals living alone or with nonrelatives, the situation is worse. In this case, 42 percent of these individuals had incomes of less than \$1,500; and 70 percent had incomes of less than \$2,500.

TABLE 2.—PERCENT DISTRIBUTION OF OLDER FAMILIES AND INDIVIDUALS  
BY MONEY INCOME IN 1968

Income group	Families with 65+ heads					65+ Individuals living alone or with nonrelatives		
	Total	Male head wife present		Other		Total	Male	Female
		All	Couple only	Male head	Female head			
Under \$1500 . . .	7.1	6.2	7.0	9.3	10.4	42.0	35.2	44.3
Under \$2500 . . .	22.0	21.2	24.2	21.7	25.4	70.4	66.2	71.9
Under \$3500 . . .	37.1	36.9	41.4	35.0	38.1	81.7	79.1	82.7
Under \$5000 . . .	54.6	55.4	61.6	46.6	52.3	89.6	88.4	90.3
Under \$7000 . . .	70.3	71.2	77.4	59.4	68.1	94.0	92.9	94.7
Over \$7000 . . .	29.7	28.8	22.6	40.6	31.9	6.0	7.1	5.3

Source: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Administration on Aging. *Aging*, No. 187 (Washington, D.C.: U.S. Government Printing Office, May 1970), p.26.

The significance of these statistics is highlighted by the Bureau of Labor Statistics' Elderly Couple Budget taken in conjunction with 1967 income distribution data of the Census Bureau as shown in Table 3. The table shows that 36 percent of the 4.4 million couples with

TABLE 3.—ANNUAL COST OF BUDGETS AT THREE LEVELS FOR A RETIRED COUPLE IN  
URBAN AREAS, SPRING, 1967

Budget level	All area budget	Percent of couples with husband 65 or over below indicated budget	Budget in	
			Metropolitan areas	Nonmetropolitan areas
Lower . . .	\$2671	36	\$2730	\$2492
Intermediate .	3857	56	3997	3440
Higher . . .	6039	75	6342	5137

Source: U.S. Department of Labor, Bureau of Labor Statistics. *3 Budgets for a Retired Couple in Urban Areas of the United States, 1967-68*. Bulletin 1570-6 (Washington, D.C.: U.S. Government Printing Office, May 1970), p.6 and p.12 for budgets. Estimates of relation to income provided by the Administration on Aging.

husbands aged 65 and over had incomes below the lower budget; 56 percent were below the intermediate budget, and 75 percent were below the higher budget level. Similar budget data are not available for elderly individuals living alone or with nonrelatives, but given the fact that their incomes are even lower, their situation is probably more severe.

## 2. The Residential Location and Service Problem

The problem of restricted budgets for transportation for the elderly is compounded by the fact that many are living in urban areas where life is more expensive than in rural areas.<sup>4</sup> Furthermore, most of the elderly live in the inner city portions of urban areas where transit services to suburban or crosstown destinations are often poor or nonexistent.<sup>5</sup> Land use policies and related transportation planning have resulted in development patterns and zoning ordinances that favor public highway systems and suburbs inhabited by the young who can own and drive cars while the aged poor have been left behind in the city.

The problem of residential location is compounded by the fact that, in most urban areas, mass transit service is strongly oriented toward the journey-to-work, especially for central business district work trips. For the elderly, this means optimum service to the central business district is available during the peak hour when travel is physically most difficult for them. There is substantial tapering-off during the off-peak hours, and in many cases (especially urban areas) no service after certain hours in the evening. Furthermore, public transit often does not provide access to important activity centers such as hospitals, social agencies, senior citizen centers, shopping, and suburban locations. Thus, for the population 65 or older, so far as transit is concerned, needed service may not be available because of residential location and desired travel times.

The transportation difficulties of the rural elderly are in some ways even more acute than those of their urban counterparts. The rural elderly are more isolated, less politically visible, and usually have even lower incomes though their living costs are less. More often than not there is no public transit available to them. In a report on rural poverty, the President's National Advisory Commission on Rural Poverty revealed the difficulties of the rural poor in obtaining adequate transportation, particularly in obtaining the transportation necessary to reach important medical, recreational, employment, educational, and other services (President's National Advisory Commission on Rural Poverty, 1967).

## 3. The Auto-Dominant Transportation Network

An additional problem faced by the elderly regarding their transportation needs is the fact that they must travel within a national transportation system strongly oriented towards the private automobile. The vast proportion of people movements in urban and rural areas in the United States is by private automobile. The growth in the use of automobiles is reflected

<sup>4</sup>Budget data for a retired couple confirms the higher budget costs in metropolitan areas (U.S. Bureau of Labor Statistics, 1970, Table 1, p.12). The annual budget cost in metropolitan areas ranges 10 percent higher for the lower budget to 23 percent higher for the higher budget. For example, for the lower budget, the annual cost of a budget for a retired couple in the United States in the spring of 1967 in metropolitan areas was \$2,730 and \$2,492 in nonmetropolitan areas. For the highest budget, the range was from \$6,342 in metropolitan areas to \$5,137 in nonmetropolitan areas.

<sup>5</sup>For example, in 1969 about 61 percent of the population 65 or over lived in metropolitan areas; over 50 percent of the metropolitan residents 65 years or older lived in center city; and among the black population, about 78 percent of the black elderly living in metropolitan areas were in the inner city (U.S. Department of Health, Education, and Welfare, May 1970).



in Table 4 (Owen, 1966). Many destinations important to the elderly (such as social and doctor visits) can be reached only by automobile. Furthermore, improvement in public transit will take a significantly greater commitment of national effort and higher priority than has been manifest up to this time. In comparison to the commitment toward highways and the automobile, the allocation of resources to public transit has been small and as origins and destinations have become dispersed, ridership on public transit has declined (Table 4.).

TABLE 4.—INDEX OF TRENDS, PRIVATE AND PUBLIC  
TRANSPORTATION (INDEX 1940 = 100)

Year	Automobile registrations	Transit riders
1940	100.0	100.0
1941	107.9	107.6
1942	101.8	138.3
1943	94.7	170.9
1944	93.0	178.9
1945	93.9	181.1
1946	102.7	182.3
1947	112.2	174.3
1948	121.3	164.9
1949	132.7	145.3
1950	146.8	131.9
1951	155.4	122.7
1952	159.5	114.6
1953	169.0	105.1
1954	176.4	93.9
1955	189.9	87.6
1956	197.3	83.5
1957	203.5	79.5
1958	206.9	74.2
1959	216.7	72.9
1960	224.0	71.4
1961	230.2	68.8
1962	239.8	67.7
1963	250.1	65.7

Source: Wilfred Owen, *The Metropolitan Transportation Problem* (Garden City: Doubleday and Company, Inc., 1966), p.237.

As people grow older they tend to lose their mobility because they do less and less driving and may even permit their licenses to lapse so that they "drop out" of the driving population. Setting aside the impact of low retirement incomes, many elderly drop out because they are concerned that they will be unable to maintain the driving performance required to maneuver in fast-moving traffic on congested freeways and streets—particularly in urban areas. Furthermore, as the pressures for stricter driver licensing standards increase, older drivers could find themselves disfranchised because of age rather than their ability to perform adequately. In addition, the priorities and attitudes with respect to pedestrian movements tend to work to the disadvantage of the older population (for whom walking is a significant mode, especially in the urban areas). Light signals, street markings, traffic signs, and other traffic devices have all been geared toward rapid and smooth vehicle flows and the young pedestrian.

To some extent, these difficulties are reflected in the fact that persons over age 65 constitute a significant proportion of all pedestrian fatalities (Shmelzer and Taves, 1969).

#### 4. Design Problems

Among the difficulties faced by the elderly in obtaining adequate transportation service is their need to adjust to physical and psychological changes that make dealing with transportation systems, especially public transit, more difficult. Evidence on this issue, summarized in a recent paper, points out that the aged are at a disadvantage in learning new transportation skills (such as using public transit when private auto might have been used previously) or in simply continuing to perform the old skills because of changes in sensory and motor capabilities (Carp, *The Mobility of Retired People*, unpublished).

In general, as people age their sensory acuity is diminished, their responses slow, and strength and agility decline. Perceptual-motor changes decrease the ability to respond correctly to complex stimuli. This decreased ability is augmented in those circumstances where there is pressure for speed. There is a tendency to lose equilibrium and fall and what may be most significant, there may be a loss of confidence which in turn accentuates the inadequacy of the motor and sensory capabilities and thereby *reduces the willingness to make trips* (Carp, *The Mobility of Retired People*, unpublished).

These findings affect the elderly in every aspect of transportation regardless of the mode they use. If our transportation systems have any one thing in common, it is pressure for speed. Traffic flows have become more complex. Signalization and traffic markings and signs have been designed to prevent congestion and keep things moving. On public transit pressure for speed exists at every point at which the elderly interface with the system. Vehicles start suddenly; schedules demand that doors be shut quickly, and there is considerable noise and inconvenience. Trips with friends or family in private cars and use of taxis despite their high costs are other desirable and popular ways of travel.<sup>6</sup>

The interface between horizontal and vertical movement is particularly troublesome. Steps, curbs, and entrances into vehicles all represent major challenges. Walking transfers raise serious problems for the elderly with respect to maneuverability, orientation, and exposure to weather. For the elderly, difficulty in comprehending the system may make the trip not worth the effort. As it was recently stated at a workshop on transportation for the aging (Gelwicks, 1970):

The older person . . . would rather stay home than undergo the sometimes monumental task of reading, decoding, deciphering and comprehending a bus, train or transit timetable . . . It takes a microscope and a magician in most instances to fathom such tables and routes . . . the (telephone) line will be busy on both your first and second calls for information to the local bus company . . .

The need for improved signs and information is widely recognized as a transit problem, especially for the aged. For those . . . "who do not see or hear as well, or respond quite so

<sup>6</sup>In a current Housing and Urban Development project where technical assistance in transportation is being provided to Model City Programs throughout the United States, reconnaissance visits to 10 cities indicate that one of the most important users of taxis are the elderly. (The project is being undertaken by the Institute of Public Administration and System Design Concepts, Inc.).

rapidly, the minor inconveniences, such as illegible graphics, inaudible words, and impatient direction-givers can become serious deterrents to mobility" (*Ibid.*).

## B. THE NEED FOR MOBILITY

Secretary of Transportation, John A. Volpe, recently said:<sup>7</sup>

We cannot solve the nation's social problems by solving its transportation problems alone. On the other hand, until we fill the nation's transportation needs, it will be difficult to resolve many of our social problems.

For the elderly, the need for mobility means broadening and intensifying the range of alternatives available in terms of an increased living standard and improved life-style. Transportation is one of the keys to opening the door to these alternatives. Without it, none of the other needs of the elderly can be satisfied.

The call for improved transportation reverberates throughout the disclosures of other problems of the aged. The Senate's Special Committee on Aging, in its report (U.S. Senate, 1970) on recent developments in aging, noted:

Aged Americans—whether they live in crowded city neighborhoods or deep in remote rural areas—are encountering transportation problems which apparently are worsening, despite growing Federal concern about public transit needs . . .

Evidence for that conclusion was offered in 1969 at hearings by the Senate Committee on Aging and its subcommittees. It mattered little what the subject of the hearing was: transportation inadequacy was mentioned again and again as a complicating factor in other problems affecting the elderly.

And again, in a recent study of the aged, it was noted (The National Council on Aging, 1970):

The frequency of transportation difficulties expressed as a major problem of the elderly poor was probably one of the most surprising findings of Project FIND. In some of the target areas, transportation appears, indeed, to be a major problem, since not only food, but health and medical care, church attendance, cultural activities, recreation and social contacts depend on adequate transportation facilities.

Furthermore, the feeling that there was a need for improved transport was widespread among the elderly. The same study reported that:

Overall, about one-third of the poor respondents reported having transportation difficulties; about one-fifth of the near poor so reported. Of these, 41 percent of the poor and 30 percent of the near poor said that they had difficulties with transportation often or very often; 23 percent of the poor and 19 percent of the

<sup>7</sup> *Passenger Transport*, American Transit Association, August 28, 1970, p.6.



near poor had trouble occasionally. Thus, only about 37 percent of the poor and about one-half of the near poor who reported having transportation difficulties find these problems not to be major (*Ibid.*).<sup>8</sup>

Finally, a study by the YMCA of metropolitan Chicago of their project to provide special mobile services to senior citizens, indicated that their experience with the project validated their hypothesis:

. . . that many senior citizens experience loneliness from needless isolation, frustration from hunger and pain simply because of immobility. Not agile enough to take public transportation and too often unable to afford private transportation, hundreds of older people give up in frustration and make no effort to benefit from health services and social activities offered them by public and private welfare agencies . . . (and points up) a serious need for a coordinated system of transportation, to effect a more efficient delivery of services to the elderly (*Transportation, Final Report*, YMCA of Metropolitan Chicago, Part I, December 1969, p.6. Summary and Recommendations).

Given the psychological, physical, social, and income barriers discussed, providing more opportunities to the elderly for improving their life-style is likely to fail if some form of coordinated transportation is not available to them. Without transport they are not even able to obtain the services that are supposed to help them, and their problems become aggravated.

The relative inaccessibility of public transportation virtually incarcerates the aged. The availability of transportation encourages activity and expands alternatives; the lack of transportation limits the perspectives and opportunities available to individuals. It limits their capacity to work and thereby maintain some economic independence. It restricts their ability to maintain contact with others, and it is not surprising that the aged feel a heightened sense of isolation as they grow older. They perceive the loss of transportation as a loss in mobility, and they do not differ from any other age group in recognizing that their mobility determines the quality of their existence. Due to the reduction in their physical, psychological capacities, and social opportunities, the aged need transportation more than the young in order to induce attitudes to undertake more activity. The young are already actively minded, have more destinations to which they must go (including work), and can find means to reach them more readily. A recent case study states the case (Carp, *The Mobility of Retired People*, unpublished).

Lack of appropriate transportation constricts the life-space of any person, limits capacity for self-maintenance, restricts his activities and his contacts with other people, and may contribute to his disengagement or alienation from society, and his experience anomie.

### C. THE SPECIFIC DESTINATIONS: TRANSPORTATION TO WHERE?

One recent study of the transportation problems of the retired suggested that ". . . the real transportation problems of retired people may exceed their verbal expression" (Carp,

<sup>8</sup>The poor were defined as those with incomes at or below \$1999 for couples and \$1499 for individuals; the near poor were those with incomes from \$2000-\$2999 for couples and from \$1500-\$1999 for individuals. All the respondents in these tabulations were 65 or older. For details, see The National Council on Aging, Project FIND, pp.23,ff.

*Public Transit and Retired People*, unpublished). Though it may well be that the elderly do not fully express all their transportation needs (what Dr. Carp calls "latent need"), their actions in using public transit and the private auto give some indication of their most important destination desires.

Based on origin-destination studies (most of which have not considered age as a variable related to trip generation or trip purpose), it is quite clear that the elderly—at least in the urban areas—want access to the services and activities they need. Many work (mainly part-time) and encounter the same difficulties with public transit as do other workers forced to use transit. Many more want access to low-cost shopping, medical care and facilities, social services, cultural and recreational activities, and visits with their friends and relatives. These destinations usually require trips that are not within the customary radial urban corridors served by public transit systems and require crosstown trips, movement from one suburb to another, and sometimes from the central business district to suburban areas. For most, the urban transit cannot meet their needs, and they cannot afford automobiles.

Reports from personnel in Project FIND clearly substantiate the destination needs on the part of the elderly for access to services and facilities. The report noted that:

Lack of transportation keeps them from shopping at shopping centers so they could take advantage of lower prices. They have to buy from neighborhood stores and drug stores which charge more for their products and thereby the small amounts of their incomes cannot be stretched to a full advantage. Lack of transportation also keeps them from going to city and county health clinics for doctor and medications at a reduced cost. A large proportion of the people who need surplus commodities are unable to receive them because they cannot get back and forth to the distribution points (*op. cit.*, The National Council on Aging, p.86).

Though rural areas often have even less transportation available than urban areas, generally the rural elderly desire access to similar destinations as their urban counterparts. Again citing from Project FIND:

In many rural areas public transportation has disappeared, the bus having given way to the private automobile . . .

In one sparsely populated rural area where the local Community Action Agency secured some government surplus vehicles, transportation or escort services to doctors, banks, stores, etc., was the one direct service most frequently given, with 3,560 such trips recorded during the project's duration (*Ibid.*, pp.82-85).

In addition to the transportation problems in making trips within urban or rural areas, the elderly often have difficulties making trips of a regional or intercity nature. Given the mobility of the American population, particularly in the migrations to urban areas, there can be little doubt that many elderly who would like to visit family and friends may have to travel to various parts of the country. A somewhat related trip desire on the part of the elderly is to have access to the more distant parts of the region in which they live. With the vast size of many of our metropolitan areas and the concentration of elderly in the center city, many would like to escape to the surrounding countryside. Public transit offers almost no prospect

for meeting this special transportation need. A recent study identifies such trips as one element of latent transportation demand, particularly for the elderly. The report notes (Transportation Research Institute, Carnegie-Mellon Institute, 1968):

Elderly people have demonstrated strong demand for transit facilities which would enable them to escape the urban environment . . . To older people, transportation is often more than movement. A trip is an event, an escape from retirement, an opportunity to meet new people and see new places, and it is one of those times when the elderly can afford to command people (drivers) and machines (buses) to serve them for their own amusement. Such transit service is probably one of the larger unmeasured and unmet transportation demands of the elderly.

Unfortunately, little is known about the regional and intercity trip needs of the elderly. The increasingly younger retirement ages make people more capable and willing to travel between cities, although their relatively low incomes and the high cost of intercity transportation probably deters them from realizing this desire.



## II. LONG-RANGE GOALS

Better transportation for the elderly is by no means a new issue. There have been a variety of conferences, commissions, task forces, and Congressional hearings concerned with identifying the long-range transportation needs of the elderly. The section which follows summarizes these goals as important indications of the directions toward which, according to the best thinking, programs and policy should be directed. This summary presents the more general goals first and then considers more specific proposals. The goals which follow are by no means intended to include every declaration of every report, committee, or task force that has commented on transportation and the aging.

### A. OVERALL GOALS

A review of studies, task force reports, Congressional hearings, and other goal-generating sources reveals that transportation for the elderly is considered important because it is a key to increasing their mobility, reducing their isolation, and increasing the range of their life options. Even where many social and welfare programs are made available to the elderly, the lack of adequate transportation makes it difficult for them to receive these services.

In 1967, the Special Committee on Aging (U.S. Senate, Special Committee on Aging, 1968) enumerated as a major goal:

There should be compassion toward older persons in need, but few older Americans really want compassion. They want to receive what is their's by right. First among these rights is the right to choose.

Maximization open to each older person should be the objective of a new national policy on aging—choices with dignity and independence to which all senior Americans are entitled.

It is to be hoped that the 1971 White House Conference on Aging will seriously address itself to this question. It can be especially important because it is unrealistic to assume that creation of maximum choices can come overnight or without a massive concerted effort.

The Council of State Governments in its report to the Governor's Conference of 1955 made it quite clear, in enumerating a bill of objectives for older people, that the questions of choice and mobility were paramount goals for the older population. The Council of State Governments stated ten objectives quite similar to the nine need areas identified for the 1971 White House Conference, but specified that "In securing the foregoing objectives there should be increased emphasis on the right and obligation of older citizens to free choice, self-help, and planning of their own futures" (Council of State Governments, 1955).

Therefore, the overall goal of transportation for the elderly is to allow choice in mobility and provide access to a wider range of alternatives. In recent hearings before the Subcommittee on Housing of the Committee on Banking and Currency of the House of Representatives, this goal was stated in its most complete form (House of Representatives, Subcommittee on Housing, 1970, italics supplied):

We have about 20 million of them over 65, and in various Federal programs we try to help them *to be as independent as possible, to have as many options as possible, and generally to live as other people do*. They have the usual needs for mobility and they have some special needs, they need to get about. They have to go to the doctor. They have to go to the grocery store, when there is a grocery store in their neighborhood. In many cases there isn't a grocery store in the neighborhood anymore in some ghetto areas. They need to shop. They need to visit the social security office or the welfare office or their friends. And they need to be able to take advantage of the services that are available, some of them under our programs: senior centers, educational programs, recreation programs and so on.

The testimony goes further:

We think that adequate transportation services of the type provided members of the labor force in going to and from work and children in attending school ought to be available to our older population. We are not asking and not suggesting that there should be discrimination or special privilege in favor of old people, but it is necessary for them to live in some kind of decency, and in order to do that they have to go where they need to go (*Ibid.*, p.429).

The President's Task Force on Aging (1970) essentially agreed when they noted:

The Task Force has concluded that it is as important for the nation to develop or have developed special transportation arrangements for older persons as it is for the Nation to meet their income, health, and other needs. If such systems are not developed, the Task Force is convinced that older persons will, in a society increasingly dependent upon the automobile, be effectively shut out of the life of that society.

Development of long-range mobility goals for the elderly has not been confined to urban areas. In connection with the need to find better ways to deliver services to the rural elderly and poor, the President's National Advisory Commission on Rural Poverty concluded:<sup>9</sup>

Since many people in isolated rural areas lack transportation, they are unable to take advantage of health, training, and employment services, or of recreational and cultural facilities located several miles away. *Thus transportation from outlying areas to the neighborhood centers and to the growth center is needed. A*

<sup>9</sup>This point is also discussed in the Senate's Special Committee on Aging, *op. cit.*, *Developments in Aging, 1969*. See discussion in Chapter VII, "Older Americans in Rural America," p.103ff.

*low-cost public transportation system based at the community centers should be provided. In some rural areas school buses in free hours could be used to transport people to and from the neighborhood service centers. (Italics supplied).*

and recommended:

That neighborhood service centers be created and located conveniently throughout area development districts and linked with specialized facilities in their growth centers. Publicly supported transportation systems should be connected with these centers. The Federal Government should move immediately to establish pilot neighborhood service centers in selected area development districts to act as demonstrations and laboratories for experimentation (President's National Advisory Commission on Rural Poverty, September, 1967, p.111).

Recognition of the requirements of the elderly with respect to transportation have also been stated by a variety of government agencies. Perhaps most relevant is that noted by the Urban Mass Transportation Administration in the Department of Transportation:

. . . increase the mobility of those who do not have reasonable access to alternative forms of transportation, with special attention to such groups as the young, the old, the handicapped . . . (Urban Mass Transportation Administration Goal Statement for Capital Grants Program, 1969).

Furthermore, in evaluating the benefits and costs of transportation services the Department of Transportation noted that:

. . . the intangible benefits and unquantifiable costs must be described fully so that their impact can be considered in the ultimate decision. These intangibles include political, social and other considerations which must be taken into account (Department of Transportation Goal Statement, 1968).<sup>10</sup>

## B. SPECIFIC GOALS

In order to prevent the forced isolation the President's Task Force described and because precise knowledge on how to best solve the problem is limited, the report recommended the following basis for developing a consistent program in meeting the transportation requirements of the elderly:

We, therefore, recommend that the President direct the Departments of Transportation, Housing and Urban Development, and Health, Education, and Welfare, and the Office of Economic Opportunity to undertake jointly an intensive time-limited study of all aspects of transportation as it affects the lives of the

<sup>10</sup>Urban Mass Transportation Administration has made progress in realizing this goal by underwriting research efforts of the Stanford Research Institute to quantify the benefits and costs of certain Urban Mass Transportation Administration demonstrations that provided improved transit service and access to jobs for ghetto residents. See *Evaluation Procedures for Poverty Transportation Projects*, prepared for Urban Mass Transportation Administration by John L. Crain, Stanford Research Institute. See especially Appendixes A and C. Menlo Park, Calif., April 1970.



elderly. The study should include the design and construction or modification of necessary equipment, experiments, and demonstrations. We further recommend that this study culminate in the formulation of recommendations on how best to meet the transportation needs of the elderly, so that appropriate action can be undertaken at an early date including the submission of a program to the Congress (The President's Task Force on Aging, 1970, p.41).

Specific goals were also stated by the Special Committee on Aging of the Senate:

Technical assistance should be provided by appropriate Federal agencies to acquaint municipal governing bodies and private transportation managers with facts about transit barriers, special needs of the elderly and the handicapped, and new transportation concepts which would benefit, not only the elderly, but all persons who use public transportation.

The Urban Mass Transit Administration should submit to the Congress its recommendations for removing travel barriers and using existing and potential mass transit legislation to promote worthwhile social purposes, including those discussed in this chapter.

Provision should be made in planning the 1971 White House Conference on Aging for a preliminary report on transportation, to be prepared by a panel capable of giving adequate attention to sociological, technical, and psychological aspects of the subject. Every attempt should be made to show the relationship of transportation to service programs, existing or contemplated, for older Americans (*op. cit.*, U.S. Senate, 1970, p.101).

Perhaps the most recent goal statement with respect to the elderly may be found in the 1970 amendment to the Urban Mass Transit Administration legislation which provides for special consideration of the elderly and handicapped in the development of programs. For example, the amendment states:

It is hereby declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass transportation (including the programs under this Act) should contain provisions implementing this policy (*Urban Mass Transportation Assistance Act of 1970*).

### III. KNOWLEDGE AVAILABLE

Earlier discussion of transportation problems of the elderly showed that: they are handicapped by limited budgets; residential locations and destination desires are not well served by existing transit; there is a national preference in favor of the private automobile, which allocates funds accordingly; and that transit design features often prevent them from successfully maneuvering through transportation systems and completing trips safely. Although supporting data have been cited where appropriate, several important areas remain to be examined.

#### A. REDUCTION IN THE MOBILITY OF THE AGED: FACT OR FICTION?

According to studies, hearings, testimony, and statistics, the elderly suffer from reductions in their mobility. The available evidence cited earlier establishes that this is fact, not fancy. Further evidence is included in the following text; e.g., see Table 6 and Charts 1-4.

##### 1. Psychological and Medical Constraints

A substantial number of studies have dealt with the psychological and medical problems of the elderly. Other investigations have dealt with this aspect in great detail. Habits become deeply ingrained in the individual's behavior patterns so that required changes become difficult. The aged are handicapped by what one author calls "the tyranny of habit" (Carp, *The Mobility of Retired People*, unpublished). Relearning is difficult and "old habits reappear at inappropriate times . . ." (*Ibid.*).

Equally significant for the elderly are the major physical problems related to changes in sensory-motor abilities. For the elderly they particularly relate to vertical and horizontal movements, maintaining stability in moving vehicles, visual perception, and the ability to move quickly enough for door cycle or dwell times. A variety of studies has shown that the interface between vertical and horizontal movement is a particularly troublesome one. Steps, curbs, and entrances into vehicles all represent major challenges, and the potential for introducing improvements has been well identified (See especially Abt Associates, Inc., 1969, particularly Chapter VII, "Transportation Problems of the Aging," and Chapter VIII, "Travel Barriers"). Interacting with these changes in the sensory-motor abilities of the aged are the changes that have occurred in transportation systems: more rapidly moving traffic, more complex signalization, greater requirements for rapid information absorption, higher speeds of transit vehicles, etc. The result is that more rapid responses are required for all age groups, but for the aged the difficulties are magnified, which further discourages their ability to cope (Carp, *The Mobility of Retired People*, unpublished).

## 2. Income and Budget Constraints

As we have already seen, an important constraint on the mobility of the elderly is their low-income level. Income constraints work in two further augmenting ways: (1) the low levels of income make ownership of a personal vehicle difficult, if not impossible,<sup>11</sup> and (2) the lack of automobiles makes employment—particularly part-time work—difficult, especially if alternative transit facilities are not available.

Many studies have established the close relationship between age and automobile ownership (in both urban and rural areas). For example, a recent study noted . . . "half of all the households with heads over 65 years old owned no automobiles" (U.S. Department of Housing and Urban Development, 1968). Automobile ownership statistics (Automobile Manufacturers Association, 1970) confirm these findings (Table 5.). The contrast between the younger age groups and the elderly is striking: almost 45 percent of household heads over 65 did not own a car in 1969.

TABLE 5.—HOUSEHOLD CAR OWNERSHIP PATTERNS  
BY AGE, 1969

Age of household head	Percent of households owning					Number of cars owned by households
	No car	At least one car	One car	Two cars	Three or more cars	(Millions)
Under 25 . . . . .	18.9%	81.1%	61.2%	18.3%	1.6%	4.6
25-34 . . . . .	12.3	87.7	60.6	25.0	2.1	12.7
35-44 . . . . .	11.7	88.3	48.2	35.0	5.1	16.0
45-54 . . . . .	12.7	87.3	44.0	34.0	9.3	17.1
55-64 . . . . .	20.7	79.3	50.7	24.0	4.6	11.8
65 and over . . .	44.7	55.3	46.4	7.9	1.0	7.6

Source: Automobile Manufacturers Association, *1970 Automobile Facts and Figures* (Detroit: The Association, 1970), p.46.

The low level of vehicle ownership combined with the low incomes of the aged, as might be expected, results in low rates of trip generation. For example, Table 6 shows trip data for Springfield, Massachusetts, in 1964-65. The data show that those in the age category 60-69, with annual household incomes under \$4,000, generated 1.8 trips per person in contrast to 2.8 trips per person for the same age group with annual household incomes between \$7,000-\$8,000 (Table 6.) (Highway Research Board, 1967).

Similar data are shown graphically in Charts 1-4 for Springfield, as well as Philadelphia, Boston, and Milwaukee (Wilbur Smith and Associates, 1968). The persistence of the pattern is apparent.

Although one cannot say that the low level of trip generation is entirely related to income (trip making by the elderly may be low for a variety of reasons), it is quite evident that

<sup>11</sup>The high capital costs of the private automobile are compounded by the relatively high operating costs associated with insurance premiums which tend to be somewhat higher for the older aged groups.



even assuming a great desire for trips, the possibility of trip making is seriously limited by the lack of funds. As noted by the same study:

There is a clear implication that the lowest-income elderly are constrained by lack of funds, although it is not clear whether it is inability to pay for travel or lack of funds to purchase goods and services at the points of activity which attract travel (*Ibid.*, p.122).

TABLE 6.—AVERAGE NUMBER OF DAILY TRIPS PER PERSON BY ALL MODES, BY ANNUAL HOUSEHOLD INCOME AND AGE FOR SPRINGFIELD, MASSACHUSETTS, 1964-65

Annual household income	Age group & number of person trips			
	All ages	40-49	60-69	70+
Under \$4000 .....	1.58	1.91	1.80	1.04
\$4000-\$5000 .....	2.02	2.39	2.01	1.28
\$5000-\$6000 .....	2.57	3.18	1.85	1.75
\$6000-\$7000 .....	2.62	3.30	2.45	1.82
\$7000-\$8000 .....	2.89	3.70	2.81	2.34
\$8000-\$10,000 .....	3.28	4.40	3.06	1.76
\$10,000-\$15,000 .....	3.40	4.24	3.27	1.96
\$15,000-\$25,000 .....	3.52	4.39	4.56	2.37
Over \$25,000 .....	3.61	3.54	2.90	1.65
All incomes .....	2.66	3.58	2.27	1.32

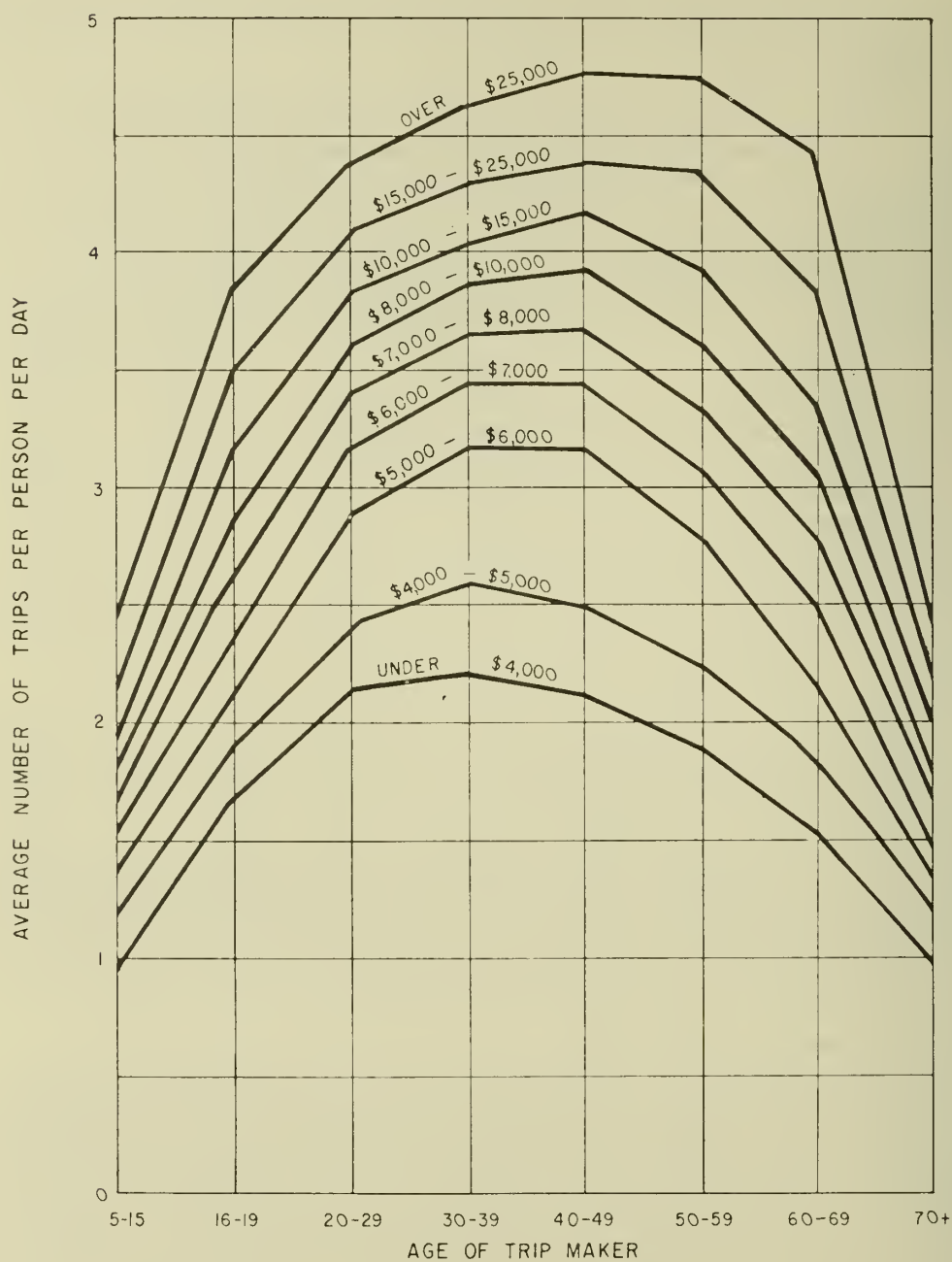
Source: Wynn and Levinson, "Some Considerations in Appraising Bus Transit Potentials," *Highway Research Board, Highway Research Record, No. 197, Passenger Transportation* (Washington, D.C.: Highway Research Board, 1967), Table 4, p.7.

Relevant to this point is the variation in the number of trips made by older age groups (65+) as income varies. For example, in Table 6 trips per person in the 60-69 age group rise almost continuously to the \$25,000 income level, indicating that as incomes increase more trips are made, whatever the destinations might be. It is entirely possible that trips made at the \$4,000 income level might be only "essential" trips in contrast to trips made at higher income levels. However, further research would be required to establish this.

### 3. Institutional Constraints on Mobility

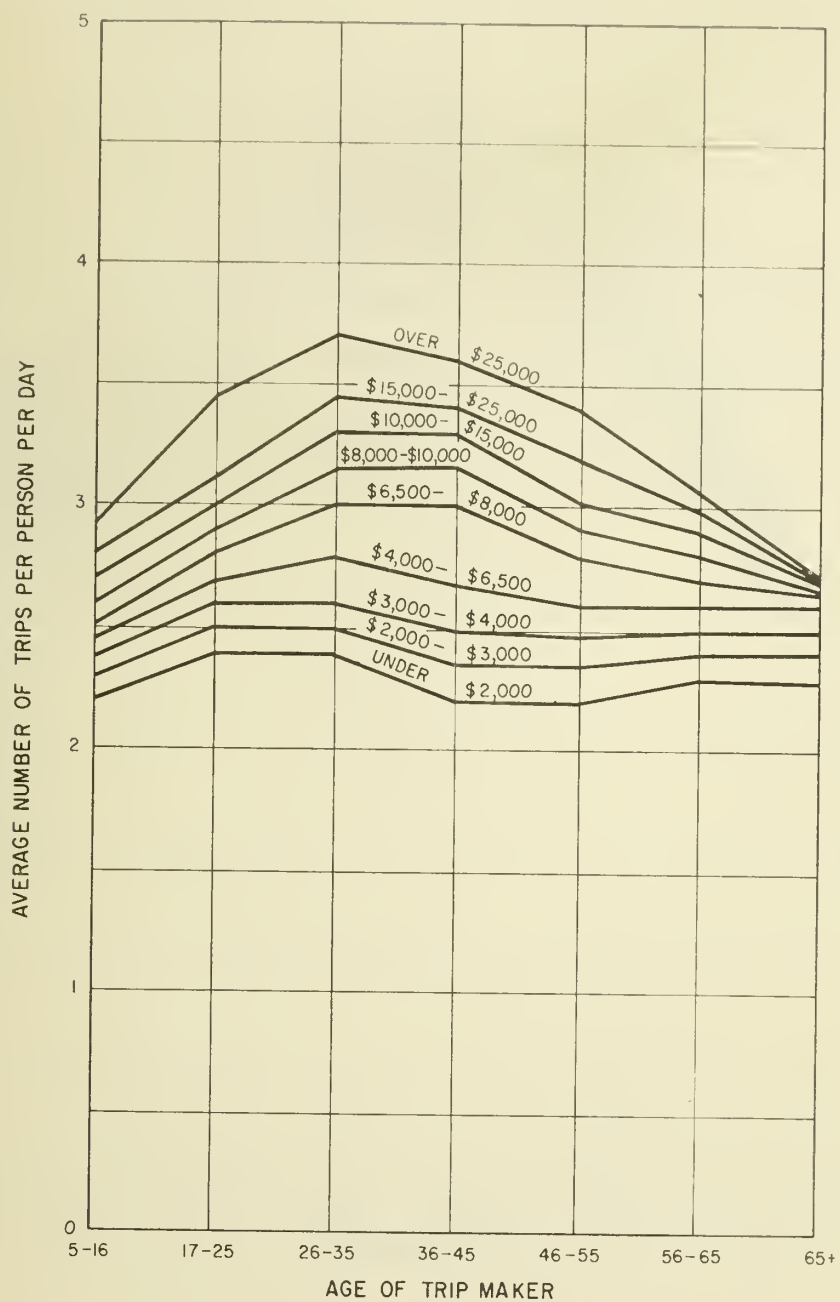
A number of institutional constraints tend to reduce the mobility of the elderly. These constraints include many restrictive State driver licensing regulations, inadequate pedestrian safety regulations, and public transit practices. They include municipal zoning laws which encourage land-use patterns designed to require the use of private automobiles and which make "captive" riders of the elderly. In connection with the latter point, a study of trip distributions by mode and age (Table 7.) for Springfield, Massachusetts, in 1964-65 indicated that those over 60 had one of the highest shares of public bus use. For example, over 7 percent of the trips made by the age group 60 and over were by public bus in contrast to less than 4 percent for all the other age groups except the 16-19 group, which included the school-age bus riders and the young entering the labor force.

CHART 1.—TRIP RATES RELATED TO AGE AND HOUSEHOLD INCOME OF TRIP-MAKERS  
Springfield Urbanized Area-1964



Source: Wilbur Smith and Associates, *Patterns of Car Ownership, Trip Generation and Trip Sharing in Urbanized Areas*, Fig. 4-8, p.127.

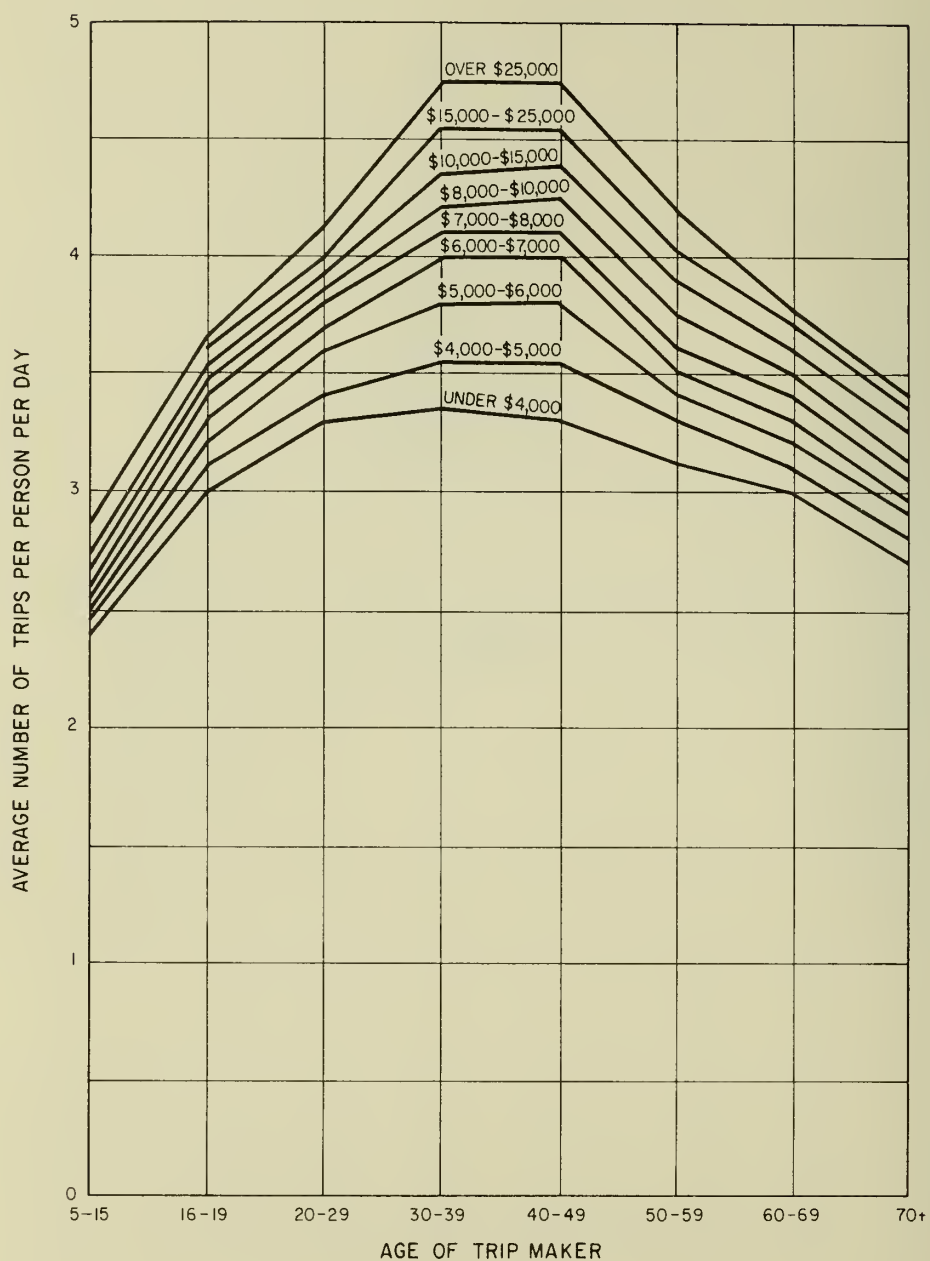
CHART 2.—TRIP RATES RELATED TO AGE AND HOUSEHOLD INCOME OF TRIP-MAKERS  
Philadelphia (P-J) Urbanized Area-1960



Source: Wilbur Smith and Associates, *Patterns of Car Ownership, Trip Generation and Trip Sharing in Urbanized Areas*, Fig. 4-5, p.119.

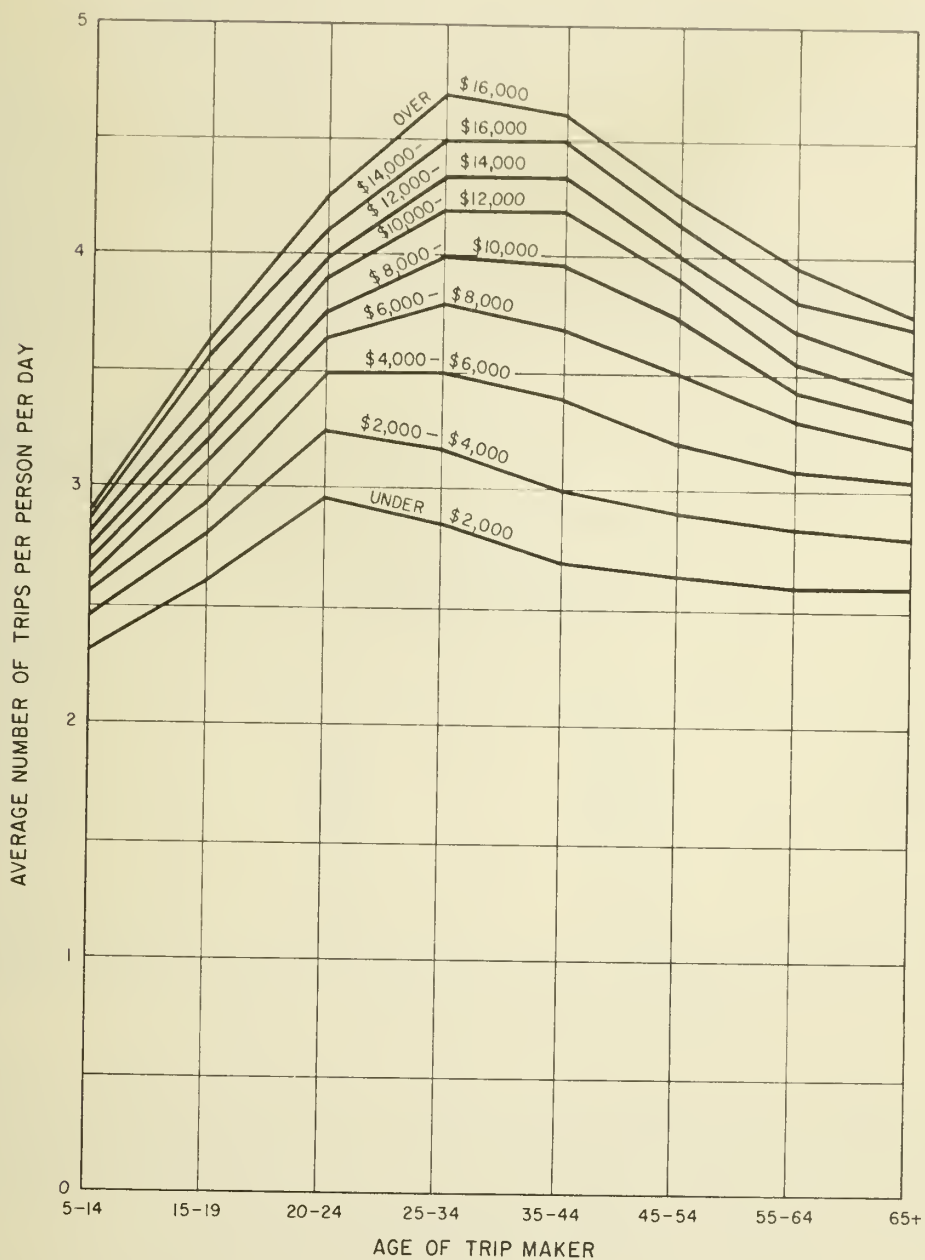


CHART 3.—TRIP RATES RELATED TO AGE AND HOUSEHOLD INCOME OF TRIP-MAKERS  
Boston Urbanized Area-1963



Source: Wilbur Smith and Associates, *Patterns of Car Ownership, Trip Generation and Trip Sharing in Urbanized Areas*, Fig. 4-6, p.121.

CHART 4.—TRIP RATES RELATED TO AGE AND HOUSEHOLD INCOME OF TRIP-MAKERS  
Milwaukee Urbanized Area-1963



Source: Wilbur Smith and Associates, *Patterns of Car Ownership, Trip Generation and Trip Sharing in Urbanized Areas*, Fig. 4-7, p.125.

TABLE 7.—TRIP DISTRIBUTIONS BY MODE AND AGE,  
SPRINGFIELD MASSACHUSETTS,<sup>a</sup> 1964-65

Mode	Mode as percent of age group						
	5-15	16-19	20-29	30-39	40-49	50-59	60 & Over
Car (driver, taxi, passenger, truck)	58.0%	74.1%	97.7%	98.8%	97.5%	96.3%	92.4%
Public bus	3.7	8.9	2.3	1.2	2.5	3.7	7.6
School bus	38.3	17.0	—	—	—	—	—
All modes	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Wynn and Levinson, "Some Considerations In Appraising Bus Transit Potentials," *Highway Research Board, Highway Research Record, No. 197, Passenger Transportation* (Washington, D.C.: Highway Research Board, 1967), Table 10, p. 16.

<sup>a</sup>Urbanized area.

Data for Pittsburgh from the 1960 Pittsburgh Area Transit Survey (PATs) also confirms the "captive" character of the elderly and the relatively large share of nondrivers among them in comparison to younger age groups (Tables 8. and 9.).

TABLE 8.—AGE AND DRIVER—NONDRIVER STATUS,  
PITTSBURGH AREA, 1960 (In Percent)

Age	Total	Driver	Nondriver
20-34	100.0%	87.9%	12.1%
35-54	100.0	84.8	15.2
55-64	100.0	70.0	30.0
65 and over	100.0	58.0	42.0
All ages <sup>a</sup>	100.0	72.6	27.4

Source: 1960 Pittsburgh Area Transit Survey (PATs), Home Interview Survey cited in Transportation Research Institute, Carnegie-Mellon University, *Latent Demand for Urban Transportation* Pittsburgh: The Institute, May 1968), p. 34.

<sup>a</sup>Including the under 20-year old age group.

The impact of the nondriver, no-car situation on the mode utilized for trip-making is shown in Table 9. Those 65 and over used public transportation on 26.4 percent of their trips; 25 percent of their remaining trips were made as auto passengers. Thus, these two modes accounted for over 50 percent of their trips—significantly higher than any age group 20 or over who are predominantly car drivers; i.e., probably car owners.

Part of the explanation of the lower trip-generating characteristics may be related to the need for fewer trips and not only to the institutional constraint of being "captive" public transit riders. For example, in a study dealing with automobile ownership and residential density, data developed on mean annual mileage as related to the head of household and age indicated that the number of vehicle-miles per year traveled is related to the age of the head of the family (Lansing and Hendricks, 1967). As the age of the head of the family increased there was a dramatic reduction in annual vehicle miles (Table 10.).



TABLE 9.—AGE AND TRIP MODE,<sup>a</sup> PITTSBURGH AREA, 1960  
(In Percent)

Age (In years)	Total <sup>c</sup>	Auto		Public <sup>b</sup>
		Driver	Passenger	
20-34	97.3%	66.8%	19.6%	10.9%
35-54	97.3	67.2	17.8	12.3
55-64	95.7	54.9	19.0	21.8
65 and over	97.2	43.8	25.0	26.4
All ages <sup>d</sup>	97.4	55.5	24.5	17.4

Source: 1960 Pittsburgh Area Transit Survey (PATs), Home Interview Survey cited in Transportation Research Institute, Carnegie-Mellon University, *Latent Demand for Urban Transportation* (Pittsburgh: The Institute, May 1968), p.37.

<sup>a</sup>For all trips.

<sup>b</sup>Public includes railroad, bus and streetcar, and taxi passengers. The data indicate that few trips are made either by railroad or taxi.

<sup>c</sup>Row totals do not equal one hundred percent since the residual is composed of other modes: truck passenger, walk, and truck driver.

<sup>d</sup>Including the under 20-year old age group.

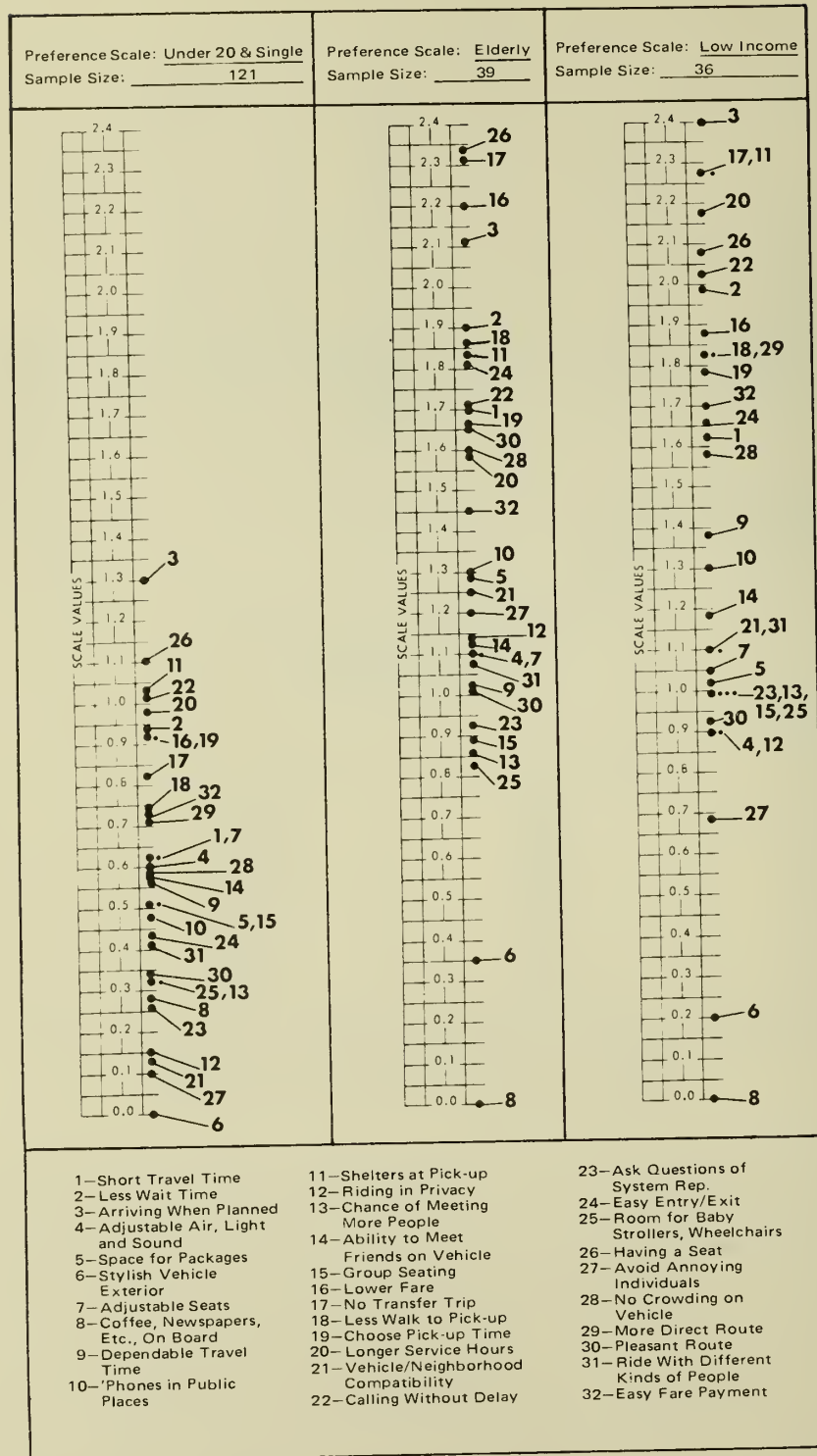
TABLE 10.—MEAN ANNUAL MILEAGE ON  
ALL AUTOMOBILES, BY AGE OF  
FAMILY HEAD, FALL,  
1963 AND 1965

Age of family head	Annual mileage
18-24	11,900
25-34	13,400
35-44	14,500
45-54	16,100
55-64	11,300
65-74	5,000
75 or older	2,100

Source: John B. Lansing and Gary Hendricks, *Automobile Ownership and Residential Density* (Ann Arbor: Institute for Social Research, The University of Michigan, 1967), p. 29. Also see pp. 26-30.

This, of course, does not mean the desire is equally low and may include the psychological and medical constraints that are faced by the elderly in sensory-motor ability. Furthermore, as the psychological and medical constraints interact with service and vehicle characteristics—especially in public transit—there is good reason to believe that the elderly are discouraged from making trips. The effect of these constraints and the elderly's view of them was recently reported in a study of user preferences with respect to demand-responsive transportation systems (Gustafson, Curd, and Golob, 1971). The study—an attitudinal survey—examined user preferences for varying service and quality characteristics. The distribution of these characteristics for three market subgroups is shown in Chart 5. The study notes, "The elderly have focused attention on the special physical problem of riding public transportation which they face: being able to get on and off the vehicle" (*Ibid.*, p.19).

**CHART 5.—DEMAND-JITNEY TRANSIT SYSTEM  
PREFERENCE SCALE FOR THREE MARKET SUBGROUPS**



Source: Gustafson, R. L., Curd, H. N., and Golob, T. F., *User Preferences For A Demand-Responsive Transportation System: A Case Study Report*, General Motors Research Laboratories, Research Publication GMR-1047, January 1971.

## B. DESTINATIONS

Turning to the evidence as it relates to intra-urban transportation destination demands generated by the elderly, the research of a variety of studies is available. Trip patterns in the Pittsburgh area in 1960 provide evidence of the trip distribution patterns by age, class, and trip purpose and are summarized in Table 11.

TABLE 11.—TRIP PURPOSES BY AGE, PITTSBURGH AREA, 1960  
(In Percent)

Age classes (years)	Trip purposes <sup>a</sup>				
	Total <sup>b</sup>	Home	Work	Shopping	Social/ recreational
20-34	79.3	37.0	23.4	8.6	10.3
35-54	79.0	38.2	25.4	8.5	6.9
55-64	81.2	37.8	28.5	8.3	6.6
65 and over	79.7	40.5	15.6	13.7	9.9
All ages <sup>c</sup>	77.3	38.8	21.0	8.0	9.5

Source: 1960 Pittsburgh Area Transit Survey (PATS), Home Interview Survey cited in Transportation Research Institute, Carnegie-Mellon University, *Latent Demand for Urban Transportation* (Pittsburgh: The Institute, May 1968), p.36.

<sup>a</sup>The trip purpose classifications used by PATS are: home, work, shopping, school, social-recreational, eat meal, personal business, serve passenger, and change mode. Only four most important trip purposes are included in this table since they represent the meaningful comparisons for the elderly.

<sup>b</sup>Row totals do not sum to one hundred percent since the residual category includes trips categorized as: school, eat meal, personal business, serve passenger, and change mode.

<sup>c</sup>Including the under 20-year old age group.

The data in Table 11 show that, with increasing age, the importance of shopping, recreation, and other trips increases and the importance of the work trip decreases.<sup>12</sup> It is quite clear from the data that the transportation needs of the elderly are different, essentially, because the need for work trips is reduced. In Table 11, work trips accounted for only 15.6 percent of the trips made by the age group 65 and over, in distinct contrast to the substantially higher proportions for all the other age groups.

A recent YMCA experiment in Chicago to provide mobile minibuss service to senior citizens confirms the importance to the aged of shopping, recreational, social, and other trips. The data indicated that shopping, medical, and recreational trips accounted for a substantial proportion of a total number of requests filled over the three-year period from 1966-1969. Shopping alone accounted for almost 50 percent of total requests (YMCA of Metropolitan

<sup>12</sup>Part of the increase in the percentage of shopping, recreation, and other trips for the elderly is due to the diminished number of work trips and, therefore, the higher percentage of other trip purposes. However, the relative trip distribution is still significant as an indicator of changing trip purposes.



Chicago, 1969). Of course, the pattern of trip distributions may reflect the design of the project and its priorities in filling requests, but it also clearly shows that, for the elderly, shopping, social, and recreational trips are indeed important destinations.

In a bus passenger survey in Worcester, Massachusetts, taken in the summer of 1969, about 90 percent of the bus riders interviewed in the age group 65 and over were making shopping and other trips—the residual 10 percent were for work trips. This compares to 34 percent for all riders interviewed who were making shopping and other trips (City of Worcester, 1969).

Data for the New York Metropolitan Area (NYMA), using information available from a 1963 Home Interview Survey, revealed some interesting relationships (Markovitz, 1970). For example, as income increased the greatest shift in the pattern of trip-making occurred in work trips. Work trips accounted for 6.7 percent (.03 trips per person) of the trips of the elderly in the income class \$0-\$2,999, in contrast to 21.9 percent (.20 trips per person) for the elderly in the income group \$6-9,999 (*Ibid.*, pp.64 and 66, Tables 21 and 22). This suggests that the higher income elderly in New York achieve their higher incomes, to some extent, by working. To the extent that this is true, at least for older people living in the largest metropolitan areas, access to work places may be an important consideration in their transportation needs. It also suggests that incomes are inadequate and working is essential. However, unless the choice to work is freely made and not under economic pressure, one can hardly argue that the greater number of trips associated with higher incomes reflects greater mobility and a wider range of choice and alternatives. In fact, the data for the New York Metropolitan Area indicated that as the income of the aged increased, the proportion of their social, recreational, and shopping trips decreased. As they work more, they have less free time and enjoy their retirement less. Furthermore, one must point out that in the NYMA 1963 Home Interview Survey, only 14 percent of the elderly were in the "workers" group, so that 86 percent of those 65 or over had 100 percent of their time available for leisure (*Ibid.*, p.65).

### C. PEDESTRIAN AND DRIVER SAFETY

One of the shadow areas of knowledge in transportation is the relationship between age and pedestrian and driver safety. There have been studies contending that the elderly have a relatively large share of motor vehicle and pedestrian accidents. The studies typically attribute this to reductions in their motor-sensory abilities. Evidence has been cited which confirms that there are indeed changes in the motor-sensory capacities associated with aging which reduce the capacity of the elderly to handle fast-moving traffic situations.

Evidence on deaths due to motor vehicle accidents indicates that the elderly tend to have a higher death rate as compared to the younger population. Data summarized in Table 12 show the age distribution of those killed in accidents in 1967, in which the motor vehicle was the cause of death. Whatever the causal factors might be, the death rate for the age group 65 and over is higher than any other group with the exception of the 15-24 category (National Safety Council, 1969).

The data suggest that some form of protection is needed by the elderly, though it by no means proves whether the higher rates are due to greater exposure to accidents or to factors attributable to age. One could hypothesize that the aged are slowing down (in motor-sensory capacity) and are, therefore, more susceptible to accidents and less able to withstand impacts, while those in the age group 15-24 tend to be more susceptible to accidents because of their youth and their tendency to take more risks or drive faster with accordingly greater impacts. Though direct evidence is not available to support this hypothesis, the violations of drivers involved in accidents are very suggestive. For example, the data in Table 13 show that

TABLE 12.—DEATHS FROM MOTOR VEHICLE ACCIDENTS BY  
AGE OF DECEASED, 1967  
Death Per 100,000 Population in Each Age Group.

Age group	No. of deaths	Death rate <sup>a</sup>
Total	52,924	27
Under 1 year	321	9
1-4	1,746	11
5-14	3,845	9
15-24	15,646	49
25-44	12,987	28
45-64	10,902	27
65-74	4,285	37
75 and over	3,192	46

Source: National Safety Council, *Accident Facts, 1969 Edition* (Chicago: The Council, 1969), p.8.

<sup>a</sup>Rates are averages for age group, not individual ages.

TABLE 13.—PERCENTAGE DISTRIBUTION OF VIOLATIONS OF DRIVERS IN  
ACCIDENTS, BY AGE AND SEX<sup>a</sup>

Driver violation	Male				Female			
	All drivers	Under 20	20-24	65 and over	All drivers	Under 20	20-24	65 and over
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Followed too closely	20.5	15.3	19.5	20.2	18.9	15.9	23.4	5.6
Failed to yield	14.1	17.3	12.3	20.6	16.9	18.2	18.0	27.7
Speed too fast	7.0	10.7	9.8	2.8	3.4	6.8	4.4	5.6
Made improper turn	4.7	4.1	3.3	3.2	4.1	5.7	3.4	2.8
All other	37.0	43.1	39.2	41.1	41.4	40.9	37.6	50.0
No violation	16.7	9.5	15.9	12.1	15.3	12.5	13.2	8.3

Source: National Safety Council, *Accident Facts, 1969 Edition* (Chicago: The Council, 1969), p.48.

<sup>a</sup>Based on a sample of 10,000 accident reports from Chicago for May 1968.

older drivers (65 or over) tend to be more frequently involved in violations involving failure to yield than any other type of violation. One possible explanation is that they are stubborn and less willing to yield the right-of-way (inflexibility or habit) and/or, because of reduced motor-sensory capacities, they are less able to react to fast-moving traffic—particularly at intersections where most right-of-way situations arise. Since older drivers have so few violations involving fast driving and improper turns (compared to other age groups), i.e., reckless driving, it hardly seems likely that the right-of-way situations involve disregard for the law. It does suggest some relationship with motor-sensory losses, including awareness of signs indicating right-of-way, but more careful studies are clearly needed.

Data on the 1968 age distributions of all drivers and drivers in accidents suggest that drivers over 65 are not involved in accidents in proportion to their presence in the driver population. For example, in 1968 drivers over 65 accounted for 8.5 percent of all drivers and only 7.3 percent of drivers involved in fatal accidents and 5.7 percent of drivers involved in all accidents (*Ibid.*, p.54).

A recent study of traffic accidents and the older driver, undertaken for the Administration on Aging, appears to confirm this finding (Finesilver, 1969). The study by Finesilver uses the share of accidents compared to the share of drivers (expressed as an index for each age group) as a measure of the age group's relative participation in accidents. Thus, an index of 100 indicates an accident share which corresponds to the particular age group's share of the driver population; however, as we shall see in a moment, the measure ignores the degree of exposure, i.e., whether or not one age group drives more than another.

Conversion of the National Safety Council data in Table 13, into indexes similar to those used in the Finesilver study shows that drivers over 65 have an index of 86 (compared to 93 in the Finesilver study) for fatal accidents and 67 for all accidents (compared to 63 in the Finesilver study). Though differences exist in the two indexes, the thrust is the same: the older age groups have one of the lowest "involvement indexes" of any age group as regards all accidents and, in the case of fatal accidents, an "involvement index" only slightly below the median (*Ibid.*, especially pp.2ff).

However, these involvement measures do not verify that the elderly have a low accident rate because they do not reflect exposure in terms of vehicle miles driven. This is true for both the Finesilver and National Safety Council data. For example, using the estimates of mean annual mileage on all autos by age of head of household cited in Table 10 in conjunction with numbers of drivers involved in accidents by age group (National Safety Council data), quite the opposite conclusion is reached. Though the elderly (over 65) account for 5.7 percent of all accidents or about 2.8 percent less than their representation in the driving population (*Ibid.*, p.54), in terms of vehicle miles they drive about one-third to one-half the amount driven by the rest of the population—i.e., they have a relatively high share of accidents compared to the amount they drive.

Turning to the issue of the older pedestrian and safety, one recent paper observed:

Although it is clear that the street is not the older person's only means of access to social contact and the design and construction of pedestrian-oriented streets not his only salvation, it is time for us to consider pedestrianism as a factor in determining the quality of the life he is able to lead. Pedestrianism, with its many implications for transportation, urban planning, and physical safety warrants greater visibility on our agenda for action on behalf of the nation's elderly (Shmelzer and Taves, *op. cit.*, pp.10-11).



Available evidence suggests that older persons in urban areas tend to take more short walking trips than members of any other age group, may be more dependent upon pedestrianism as a means of transportation, and appear to be involved in more pedestrian accidents than any other age group (*Ibid.*, especially p.5).

Data, available from the National Safety Council on pedestrian deaths in 1967, suggest that for the population 65 and over the largest proportion of pedestrian deaths are involved in crossing or entering intersections, and proportion is higher than that of any other age group (Table 14.). Based on reports of deaths and injuries from 27 State traffic authorities, Table 14 shows that, on a State-wide basis, crossing or entering intersections accounted for 30 percent of the deaths and injuries for all age groups and 51 percent for those 65 and over. The pedestrian injuries and deaths at intersections are substantially higher in urban areas for all age groups, but again they are substantially higher for those 65 or over. The aged pedestrian appears to have the greatest difficulty at intersections. This corresponds to the findings cited earlier with respect to motor vehicle violations where the aged driver has greatest difficulty in terms of failing to yield (which often involves making decisions at intersections).

TABLE 14.—DISTRIBUTION OF PEDESTRIAN DEATHS AND INJURIES BY AGE AND TYPE OF ACTION INVOLVED, STATEWIDE AND URBAN, 1967 (By Percent)

Type of action	Statewide		Urban	
	All ages	65 and over	All ages	65 and over
Total	100.0	100.0	100.0	100.0
Crossing or entering:				
at intersection	30.1	51.0	35.4	60.4
between intersections	39.9	31.0	43.4	26.5
Walking or standing in roadway	9.9	8.4	5.4	4.2
Getting on or off vehicle	1.3	1.1	1.2	1.3
Pushing or working on vehicle in roadway	1.2	0.6	0.7	0.5
Other working in roadway	0.8	0.5	0.7	0.3
Playing in roadway	3.7	<sup>a</sup>	3.0	0.1
Other in roadway	8.4	2.9	6.6	2.0
Not in roadway	4.7	4.5	3.6	4.7

Source: National Safety Council, *Accident Facts, 1969 Edition* (Chicago: The Council, 1969), p.55.

<sup>a</sup>less than 0.05%.

Though the data cited above are by no means conclusive, they do suggest that there are motor-sensory constraints for the aged with regard to both driving and walking. The extent and reasons why they differ as compared to other age groups may not be fully understood, but it is evident that assistance can and needs to be provided by further detailed study of accident experience at intersections.

One possibility for accident-prevention is to increase enforcement particularly with respect to jay-walking and obedience to lights and signals. A recent study on the older pedestrian and enforcement campaigns, however, indicated that "though an anti-jay-walking

campaign could be effective in reducing the percentage of illegal crossings, the effectiveness may be lost after the campaign is over unless an enforcement symbol'' (such as a policeman) remains (Wiener, 1968). The study also indicated that:

A large percentage of elderly pedestrians are totally unresponsive to campaigns, legal sanction, investment symbols, or traffic regulations. No amount of campaigning will reach this group, for through lifelong habits, ignorance of traffic hazards, senility or willful neglect, their behavior is unmodifiable by the threat of sanctions. *To make cities safer for pedestrians, officials must look for means which do not require their conscious cooperation (Ibid., p.9, italics supplied).*

Thus, evidence suggests that a more productive approach may be improvements in traffic engineering, design of intersections and, in the human factors, engineering of traffic control devices including elimination of high curbs, better and more readable traffic signals, improved timing cycles and signalization, etc. (*Ibid.*). It hardly needs to be pointed out that this approach can be applied for both walking and driving, and the benefits would not be confined to the elderly.<sup>13</sup>

Walking is one of the neglected forms of transportation in an auto-oriented society. Most young adults have cars available, but for the elderly cars, as has been shown, are less accessible. One would expect that walking would be a critical form of transportation for the elderly—aside from restrictions due to infirmities. Unfortunately, there are very little data available on the nature and frequency of older people's pedestrianism. There is considerable evidence that walking is less safe for the elderly, but the extent they walk is not known. A recent study of pedestrianism among retired persons in San Antonio indicated that 44 percent of the respondents in the sample habitually walked at least 2-3 times a week (Carp, 1971). Of even more significance was the fact that one in five (21 percent) went somewhere every day on foot (*Ibid.*). The distribution is shown in Table 15.

TABLE 15.—THE EXTENT OF WALKING AMONG RETIRED PERSONS  
IN SAN ANTONIO, TEXAS, 1970

Frequency	Percent of respondents
N = 709	100
Daily	21
2-3 per week	23
Once a week	8
2-3 per month	4
Once a month	3
Rarely, on occasion	10
Never	31

Source: Carp, Francis. *Pedestrian Transportation for Retired People*. (Unpublished Manuscript.)

<sup>13</sup>For some detailed suggestions as to the directions that research might take, see Shmelzer and Taves, *The Older Pedestrian*, especially pp.11,ff.

Of equal significance is the large number of non-walkers. For example, the study indicated (See Table 15.) that 41 percent walked rarely or never, and almost half (48 percent) walked no more than 2-3 times a month (*Ibid.*). Thus the distribution had a clearly bimodal character, with about half walking with some degree of frequency and the other half rarely or never walking.

The most significant determinant of the frequency with which people walked appeared to be the location of residence: residents of the centermost parts of the city walked most, and residents of the suburbs and periphery walked least (*Ibid.*). It is quite evident that the problems of pedestrian safety and design are indeed vital to those elderly living in the inner city. However, it is important to note that the study found that the walkers were not enthusiastic about walking as a form of transportation. Table 16 summarizes the evaluation of the sample respondents. The right-hand column covers only those 492 people who used walking as transportation. It is significant that 67 percent of those who walked considered it a poor means of transportation. Closely related to this attitude is the fact that the two foremost problems mentioned were the distances that had to be walked and fear. The lack of local shopping and other services and fear of personal safety as key deterrents to walking suggest that increasing pedestrianism among the elderly in the cities is not the simple task of providing for better sidewalks, lights, etc. A much more comprehensive program is indicated, including availability of local services—or access to them—better and personal protection. The data suggest that though the elderly in the urban areas do walk to destinations, they do so because alternatives are not available to them.

TABLE 16.—EVALUATION OF WALKING AS TRANSPORTATION  
RETIRED PERSONS IN SAN ANTONIO, TEXAS, 1970

Total	Percent of respondents	Percent of those walking
	100.0%	100.0%
Very good	28	10
Good	14	10
Fairly good	11	13
Neither; can't say	2	
Rather poor	25	37
Poor	16	23
Very poor	4	7
Number of cases	709	492

Source: Carp, Francis. *Pedestrian Transportation For Retired People*. (Unpublished Manuscript.)

#### D. SUMMARY

All the factors described above, either singly or in interaction with one another, reduce the mobility of the elderly. The loss in mobility accentuates their sense of alienation and isolation which by no means reflects their willingness and capacity to travel. There is evidence that suggests the elderly are quite willing to travel. For example, one study of latent demands



for urban transportation noted that some 70 percent of the men and women over 60 indicated a willingness to ride more than one bus to get to work and to accept the inconveniences of multiple transfers (Transportation Research Institute, Carnegie-Mellon University, *op. cit.*, 1968, Table VI, p.25).

Many must work, as has been seen, in order to maintain their incomes at sufficient levels, and many more would perhaps like to work but are blocked at every turn by the access constraints already discussed. It is little wonder that transportation appears so critical. Furthermore, there is some evidence that improved transportation coupled with higher incomes (so that destinations and activities at destinations become feasible) would allow the elderly to make many more trips than the data suggest they do at the present time. Thus, one study observed in summarizing its findings:

In assessing transportation to the various places they went, usually 10 percent to 20 percent of the travelers expressed serious dissatisfaction . . . However, typically twice that number or more said they would go to that place more often if transportation were not such a problem (Carp, *The Mobility of Retired People*, unpublished).

Similar feelings were found in Project FIND (cited earlier) with the large share of poor and near poor reporting difficulties with transportation.

## IV. THE PRESENT SITUATION

At the present time, the primary efforts for dealing with the transportation problems of the elderly are channeled through the Administration on Aging in the Department of Health, Education, and Welfare, the Urban Mass Transportation Administration in the Department of Transportation, and the Model Cities Administration in the Department of Housing and Urban Development, and the Office of Economic Opportunity. Though there are State, private, and local efforts, it is mainly through these agencies that programs related to transportation and the aging are being supported. The effort is basically through the mechanisms of research, development, and demonstration grants and, to a lesser extent, through technical assistance in transportation to Model City Programs (the elderly are a significant part of the model neighborhood populations) and capital grants for transit systems on which the older rider is an important customer.

The degree to which these efforts are sufficient to meet the needs, solve problems, and develop programs was best identified by the Special Committee on Aging in their February 1970 report where it observed:

Transportation problems among older Americans have reached the critical stage in many metropolitan and rural regions of the United States. Federal agencies have made a beginning in identifying problems, initiating research, and conducting pilot programs to test systems and concepts (*op. cit.*, Senate Report 91-875, p.100).

Not surprisingly, the Committee went on to recommend an expanded program which specifically included (1) increased technical assistance from Federal agencies to meaningful government and transportation managers in order to acquaint them with the facts about "transit barriers," special needs of the elderly and the handicapped, and new transportation concepts which would benefit, not only the elderly, but all persons who use public transportation; and (2) submission by Urban Mass Transportation Administration to Congress of its "recommendations for removing travel barriers and using existing and potential mass transit legislation to promote worthwhile social purposes . . ." (*Ibid.*, p.101).

The direction for increased effort, as stated in the recent report of the President's Task Force on Aging, clearly indicated that research development and demonstrations were to remain as the mainstays of the program. The report emphasized that more precise knowledge was needed on how best to solve the transportation problems of older persons in urban and rural settings. It recommended that a joint study be made by the Department of Transportation, the Department of Housing and Urban Development, the Department of Health, Education, and Welfare, and the Office of Economic Opportunity of the transportation problems of the elderly. It further recommended that the study formulate recommendations for appropriate programs for submission to Congress. The study was to be:

. . . an intensive time-limited study of all aspects of transportation as it affects the lives of the elderly. The study should include *the design and construction or modification of necessary equipment, experiments and demonstrations*. (President's Task Force on the Aging, *op. cit.*, p.41, italics supplied).

At the present time, demonstration projects in transportation are being carried out by four major agencies: the Department of Health, Education, and Welfare through the Administration on Aging, the Office of Economic Opportunity through its Community Action Services, the Department of Housing and Urban Development, and the Department of Transportation through the Urban Mass Transportation Administration. However, projects oriented exclusively toward the elderly have received their primary support from the Administration on Aging.

As of May 1970, as reported in *Aging*, the Administration on Aging had funded 117 research and demonstration projects under Title IV of the Older Americans Act since the program's inception in January 1966. The R&D effort was intended to provide answers and solutions to many questions and problems affecting elderly persons. Many of the grants were concerned with transportation, including studies on the older pedestrian, the elderly and driver safety, traffic accidents and the older driver, mobility needs and transportation patterns of older people, the availability of public transit, reduced fare experiments, and others. Several of these studies have been jointly funded by the Administration on Aging and the Department of Transportation. The Administration on Aging reported,

. . . more than 300 projects under Title III had a transportation component during fiscal 1969. For the most part, such components met specialized needs, such as bus travel needed by volunteers in Project Serve. In a few cases, however, the AoA funds were used to provide low-cost transportation designed to help them participate more fully in services and programs. (U.S. Senate, *Developments in Aging 1969*, p.96; also, see Appendix I for Administration on Aging reporting activities, especially pp.173ff on "Mobility Transportation").

The Urban Mass Transportation Administration through its Research Development and Demonstration program has supported a number of research and demonstration projects relating to service development, employment facilitation and other transportation needs, specialized systems for demand-actuated service, (such as Demand Activated Road Transit (DART) and Dial-a-Bus) and minibus or small vehicle systems designed to meet the demand for special transportation services. It has jointly funded projects with the Administration on Aging and most recently with the Dept. of Housing and Urban Development on a technical assistance project for model city transportation.

Though the focus of the Urban Mass Transportation Administration's research and demonstration projects has not been exclusively on the needs of the elderly, the findings and concepts which emerge, if successfully implemented, would serve areas in which there are large numbers of elderly and systems on which the elderly are often the "captive riders." For example, programs improving mass transit operations should eventually help the elderly who are substantial users of public transit systems, if the program benefits are not siphoned off to more lucrative suburban-oriented routes.

In terms of meeting the transportation needs of the elderly, there are many State and municipal programs that provide assistance. Many local, social agencies provide free transportation to their services. For example, in the Buffalo area, the county provides a budget for



transportation using bus tokens and contracted taxi service to bring the poor (including the elderly) to its welfare services. There are undoubtedly similar programs elsewhere. Hopefully, the number is increasing. More and more use is being made of school buses and other vehicles in the community for providing special transportation services in both urban and rural areas. Perhaps, with more coordination, some of these efforts may develop into routes sufficiently attractive to encourage some form of transit services. However, guidance and support will be needed from the Federal level. Local funds are limited and should be used for upgrading the social services, not for providing transportation to them.

One important area of effort involving Federal and local support is reduced fare experiments. Recent information indicates that, as of July 1970, there were reduced senior citizen transit fares available in fifty cities (*Aging*, June-July 1970, p.17). Definitive evaluation of the impact of such programs, both on the elderly in terms of mobility and on the transit systems, remains to be answered even though reduced fares have generally increased the elderly ridership. What is needed at the present time is an independent economic analysis to resolve the arguments and to clarify the economic impact of reducing fares. The Administration on Aging in conjunction with the Department of Transportation's Urban Mass Transportation Administration, is financing a study to examine the effects of reduced fare programs (American Transit Association, *Passenger Transport*, August 28, 1970, p.3).

Part of the problem with the demonstration projects and experiments in transportation for the elderly has been that, generally, they have not been conclusive, have not been self-sustaining from an economic viewpoint, and that alternative continuing support has not been forthcoming. In most cases, continuation of the program started by a demonstration would have required some form of operating subsidy. However, the issue and implications of providing subsidies for transit operations or support for special transportation services have yet to be fully examined, though it is an issue which deserves evaluation and is of vital importance to the elderly.

Finally, though the demonstration and research projects were designed to encourage insituational as well as technical changes, many have not been successful in providing effective impetus for the change needed and have served only to provide a particular service rather than stimulating transferable experience throughout the country.

One interesting effort recently under way is the provision of direct field technical assistance in transportation to Model City Programs throughout the United States. This project, funded jointly by the Urban Mass Transportation Administration of the Department of Transportation and the Model Cities Administration of the Department of Housing and Urban Development, will assist City Demonstration Agencies in transportation planning and implementation of their transportation projects. About 20 to 24 cities will receive such assistance, and preliminary work indicates that many of the projects involve some form of demand-actuated transport systems for poorly served or unserved groups in the model neighborhoods. The elderly are an important component of this special market, and systems which are implemented successfully during this project could well serve as models for other cities.

The efforts described above are meager compared to the need. The problem is not so much direction as commitment. As observed by the Administration on Aging,

At this moment, the financial commitments to the field of transportation and aging, on the part of any of these agencies, is not great. This is disturbing since we have reached a time of readiness for major development and demonstration projects in this field; and such demonstrations are likely to be quite expensive.

Commissioner Martin and the Administration on Aging are making every effort to do the most with our own limited resources, but we cannot do it alone. Nor can a few fragmented "bus service to the senior center" type projects really have significant impact on increasing opportunities for mobility of large numbers of older people, though in some cases they have paved the way (Shmelzer and Taves, 1970).

A closely related effort was a bill proposed in the 91st Congress by a bipartisan group of nine Senators for development of transportation services geared specifically to the needs of elderly citizens. The bill would have involved \$3 million over a two-year period (S. 4246, *Older Americans Transportation Services Development Act*). As pointed out at the time of the introduction of the bill, under the Older Americans Act, \$15 million is authorized for the fiscal year 1971 for Title IV research and demonstration projects and Title V training. The Administration has requested only \$2.8 million for research and demonstration and \$3 million for training. Moreover, the research and demonstration funds must cover all aspects of aging and not just transportation (*Congressional Record*, 16(141), Senate, August 14, 1970).

The bill was designed to build on existing efforts and programs and to provide funding for new research and demonstrations. It would concentrate on the economic and service aspects of transportation for the elderly in urban and rural areas. The bill would have authorized feasibility studies on special transportation services in areas where large numbers of elderly persons live; research and demonstration on portal-to-portal service; additional studies on fare structures and the impact on the elderly's ridership, well-being, and morale; and demonstration projects to provide better coordinated transportation services rendered by social service agencies (*Ibid.*). Unfortunately, the bill was not passed though it is anticipated it will be reintroduced.

None of the present transportation demonstration projects being conducted by the Urban Mass Transportation Administration is specifically designed for the elderly. Five of a total of ten ongoing urban transportation demonstrations are directed toward developing services that, in varying degrees, may also benefit the elderly. However, emphasis on these inner city demonstrations, which marginally reach the elderly, is diminishing. Urban Mass Transportation Administration's budget for this program, which was \$2.5 million for fiscal year 1969-1970, has been reduced to \$1.7 million for 1970-1971.

As noted earlier, a recent 1970 amendment to the legislation is designed to provide for greater consideration of the transportation needs of the elderly along with those of the handicapped. If the amendment is implemented, funds will be available for a number of programs potentially benefiting the elderly as well as other groups in the population. The amendment authorizes the Secretary of Transportation to make grants or loans for the specific purpose of assisting States and local agencies in providing mass transportation services intended to meet the special needs of the elderly and handicapped and specifically prescribes that:

Of any amounts made available to finance research, development and demonstration projects under section 6 (of the Urban Mass Transportation Act) after the date of the enactment of this section, *1½ percentum may be set aside and used exclusively to increase the information and technology which is available to provide improved transportation facilities and services planned and designed to meet the special needs of elderly and handicapped persons (op. cit., Urban Mass Transportation Assistance Act of 1970, italics supplied).*



Though the directions for programming improved transportation services and facilities may not be known in every detail, the general directions and mechanisms are well identified and are even fragmentarily being implemented. The major missing ingredient is national commitment of resources to make realistic solutions implementable and effective. An Interdisciplinary Workshop on Transportation and the Aging, sponsored by the Administration on Aging, the Department of Housing and Urban Development, and the Urban Mass Transportation Administration was held in Washington, D.C. in May 1970. The recommendations that emerged from that workshop may be the most effective summary of specific program goals on transportation for the elderly. These goals cover a wide range of subjects. Papers were presented by participants who were specialists not only in transportation, but also on health, medicine, housing, urban planning, architecture, geriatrics, environmental engineering, and design. Committees were organized to develop recommendations which would reflect the views of workshop participants on the important needs of the elderly with respect to transportation. The committee recommendations were grouped into five categories: knowledge gaps; program needs; system and design requirements; economics and pricing requirements; and legislative needs. The discussion below summarizes the major thrust of the recommendations in each category<sup>14</sup> (Polytechnic Institute of Brooklyn, 1970).

#### A. KNOWLEDGE GAPS AND RESEARCH

It was widely recognized by the Conference committees and participants that there were serious gaps in knowledge of the elderly. Recommendations emerged for intense research to fill these gaps, which covered three major areas: (1) improved information, (2) setting norms, and (3) better application of knowledge.

- (1) First, there was the broad need for increased information about the (a) characteristics, (b) programs, and (c) needs of the elderly. *Characteristics* included demographic distribution, potential use of time in relation to latent demand for transportation, and pedestrian behavior. *Problems* included those which the elderly share with other groups (the poor, the handicapped) and the similarities and differences of problems between the elderly and younger age groups. Recommended further study for the *needs and requirements* of the elderly revolved around the change in their life-styles and its impact on their travel requirements, including latent demand (*Ibid.*, p.2).
- (2) A second set of recommendations called for developing more precise definitions of aging for various purposes. These definitions included mobility limitations (such as walking purposes) and elderly group norms for design applications.
- (3) Finally, it was recommended that greater application and utilization of knowledge be made respecting the needs of the aged and handicapped.

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<sup>14</sup>For full details of the recommendations see *Summary of Recommendations, Results of the Interdisciplinary Workshop on Transportation and the Aging*, Washington, D.C., May 24-26, 1970, conducted by the Division of Transportation Planning, Polytechnic Institute of Brooklyn, and sponsored by the Administration on Aging, Department of Urban Mass Transportation Administration, Department of Housing and Urban Development. Brooklyn: July 1970.



This application should be directed toward: (a) quantifying behavior so that it may be introduced into transportation planning, (b) improving urban design and transportation planning to accommodate the needs of the elderly, and (c) improving information transfer of existing transportation systems, including signs, timetables and mapping.

## B. PROGRAM NEEDS

In the area of program needs, two major improvement areas were identified: (1) providing improved services to the elderly, and (2) providing improvements in overall systems. Recommended improved services included access to an intra-city travel bureau or referral service for the elderly and escort service or transportation aids to accompany them when making trips within the city, e.g., on buses. It was also recommended that greater effort be made to educate and train transit personnel in dealing with the elderly, such as in extending consideration for their limitations and in communicating directions and other information.

So far as improvements in overall systems were concerned, it was recommended to provide better coordination of all forms of potentially available transportation in any area in order "... to bring together under one agency, the availability of vehicles and transit capacity from all sources; public and private, authorized and un-authorized, State and Federal agency vehicles, postal carriers, private clubs, school buses, etc. The purpose being to utilize available capacity during non-regular periods, thereby improving both the mobility of the aged and the economics of operation" (*Ibid.*, p.3).

## C. SYSTEM AND DESIGN REQUIREMENTS

The workshop recommended greater effort be made in improving transportation system and design standards for the elderly. These recommendations include: the development of varied new transportation systems to serve long-run needs; modification of existing systems to better suit their needs in the short-run; planning for orderly and planned conversion to the new systems; development of alternatives to mass transit (taxis, jitneys, etc.); exploration of the possibility of using smaller vehicles to provide for greater flexibility in order to serve the need of the elderly for door-to-bus, bus-to-door, or door-to-door transportation; and improved design standards for the elderly and the handicapped. Improved technical standards should also be applied to urban design—particularly with respect to street designs and pedestrian ways, traffic control measures, and other traffic engineering devices, such as signs, signals, markings, and lighting.

## D. ECONOMICS AND PRICING

In the area of economics and pricing, recommendations were developed for ways for the elderly to deal more effectively with the cost of transportation and means of financing improvements and/or construction. The recommendations called for greater effort in: exploring the possibility of increasing the income of the elderly; providing for an insurance plan to provide for cost of transportation in later years; and finding ways to lower the cost of transportation as a means for providing for greater opportunities to make trips. The recommendations asked for consideration of the extent to which financing should occur at the local, State, or Federal level for transportation services, research, and system improvements for the elderly.

## E. LEGISLATIVE NEEDS

The Conference recommendations included identification of the legislative needs of the elderly. For example, legislation which would: make it mandatory for all newly-built mass transit vehicles and related facilities to accommodate the elderly and the handicapped, including the nonambulatory; support the Urban Mass Transportation Act Amendments of 1970 (since passed); enact legislation for new forms of funding for the elderly, either directly for transportation or as higher incomes generally.

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## V. ISSUES

Basically, the transportation problems of the elderly are most acute in three areas: (1) lack of money for transportation, (2) lack of available service to the places they need and want to go, and (3) problems of safety, comfort, and convenience associated with the various transportation systems<sup>15</sup> used by them.

Based on the findings in this paper and on the combined judgment of the membership of the Transportation Technical Committee of the White House Conference on Aging, five issues were identified as deserving review by Conference participants. The issues are addressed to the following basic questions:

- (1) Would it be better to allocate funds to increase transportation services or to increase the income of older people so that they can buy the transportation they need?
- (2) Should transportation services be developed for the exclusive use of older people?
- (3) What is the best way to insure that older people have access (transportation) to available social services and facilities?
- (4) Is there a need to develop individualized flexible transportation programs for the elderly?
- (5) Where should responsibility be placed for developing policies and programs for the safety of the elderly as pedestrians and as users of transportation systems?

### *Issue 1.*

**Should the Federal Government adopt a policy of increasing services for the elderly by subsidizing transportation systems? Or, should**

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<sup>15</sup>Conventional transportation systems refer to all the components needed to provide the movement required by users and includes the vehicle, the path, or way over which the vehicle moves, the places at which the vehicle stops to make pickups, dropoffs and transfers to other transportation systems, the frequency with which the vehicle moves over the path and is available to users, and the number and nature of the paths (routes) available. Thus there are bus, rail, air, and water transportation systems as well as an automobile system consisting of the auto (vehicle), the roadway (path or way), parking lots (dropoff and pickup points), and transfer facilities to other systems (rail, air, water, and bus terminals, etc.). Furthermore, transportation systems may be designed to move not only passengers but goods as well—sometimes in combination with passengers. Though most of the discussion in this paper and on the issues are related to passenger movements, goods movements cannot be ignored because there are important conflicts for the elderly—for example, heavy trucks using busy crossing intersections, driving along streets with senior citizen facilities and creating noise pollution, etc.

the available funds be allocated to increase the incomes of older people so that they will be able to purchase the transportation they need?

The elderly consider the loss of mobility and lack of effective means of transportation as one of their major problems. One of the most significant reasons for the lack of transportation, both in rural and urban areas, is the fact that many of the elderly cannot afford to pay the full cost of the transportation they require for access either to the social services available to them or to other destinations of their choice. Substantial governmental support is required if adequate transportation is to be available for older people. The issue raised here is whether governmental commitments should be based on providing transportation services for the elderly or on providing income to the elderly with which to buy services. Is one or the other approach preferable and why?

A partial answer to the questions raised by this issue has been provided by a 1970 amendment to Urban Mass Transportation legislation which calls for special consideration of both the elderly and the handicapped in the development of programs. The amendment states:

It is hereby declared to be the national policy that elderly and handicapped persons have the same right as other persons to utilize mass transportation facilities and services; that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass transportation (including the programs under this Act) should contain provisions implementing this policy.

The amendment also authorizes the Secretary of Transportation to make grants or loans for the specific purpose of assisting State and local agencies in providing mass transportation services intended to meet the special needs of the elderly and handicapped.

Assuming this amendment is fully implemented by the Urban Mass Transportation Administration, it will mean that a significant part of Federal transportation policy for the elderly now incorporates the service-providing rather than the income-providing approach. The issue boils down to whether this is the main direction that policy ought to take.

Perhaps the main argument in favor of the "service strategy" is that only by channeling and focusing governmental support into selected transportation program areas will many of the elderly be assured of services they urgently need. To make more income available is not the answer, even assuming that the necessary large transfers of income—to compete generally with others for the supply of transportation—were an accomplished fact. Such income might be put to other purposes. Even if the elderly intended to buy needed transportation services, the hard truth is that much of what is required does not exist now, nor is it likely to exist in the future. This is because many of the gaps in transportation for the elderly adversely affect specially disadvantaged groups—the infirm and handicapped, for example. No one of these groups has the necessary purchasing power to ensure the supply of special services to answer their particular needs. The only realistic way of filling the various gaps in services is through a broad range of specially designed, governmentally financed, transportation programs: in short, through a policy oriented around what has been called a "service strategy."

In support of the alternative "income strategy," many contend that it would be better to provide more income directly to the elderly and let them make their own choices about transportation. Providing more income preserves the dignity of the elderly and maintains their "consumer sovereignty" just like other age groups. Furthermore, what is plain from this argument is that if older people spend their income to the neglect of their need for mobility, that risk will have to be run.

The "income strategy" approach can be supported by arguing that there are no benefits to be gained by a "services" oriented policy. Thus, if income will not necessarily command the needed transportation services through the marketplace, much the same doubt is raised over whether governmental spending, subsidies, tax-breaks, etc., would generate the required services. It is argued that expanded governmental investment in existing transportation systems—public transit, automobiles, highways—will not greatly benefit the elderly because the available systems are not particularly relevant to the destination needs of older persons. The transportation requirements of the elderly are complex and diffuse, calling for services which existing systems do not provide.

To be effective, then, the "service strategy" would require the development of new transportation systems for the elderly. This would involve significant outlays of money because, beyond sheer expenditures for operation, Government would have to underwrite the capital costs of new construction. Moreover, effort along these lines may be premature because, as some argue, we do not know enough about the transportation needs of the elderly to commit large amounts to this or that new program. What is even more unsettling, where Government has recently aided development of new transportation systems, there have been (in San Francisco and Boston, for example) few benefits for the poor in general and the elderly poor in particular. Rather, what has been mostly subsidized is improved mobility by high income commuters to and from their places of work.

## *Issue 2.*

**Should the Federal Government provide for the development of transportation systems (i.e., bus, rail, auto, air systems, etc.) and services exclusively for the elderly? Or, should they be developed for all users regardless of age?**

One of the main arguments against providing transportation services exclusively for the elderly is that a variety of other population groups also require transportation services, including the very young, the not so elderly poor, the handicapped—elderly or otherwise—and others. The argument is that any Federally supported transportation service should be made available to include all groups who are in need of transportation.

Another major argument against providing transportation exclusively for the elderly is economic. Since there are high costs involved in developing a transportation system to the point where it can handle passengers (equipment must be acquired, manpower hired, etc.), it is essential to use the available capacity as much as possible. The larger the market, the more the revenue to offset relatively fixed costs. But, transportation exclusively for the elderly (or any other single group) may not represent a large enough market to support adequate or even good services. One needs many more riders and users, particularly if there are low use traffic periods in the system. Broadening the market base provides for lower unit costs and greater social effectiveness, particularly for new systems.



In the case of existing transportation systems and services, some proponents argue that, since many transportation costs are largely fixed (roadways, vehicles, etc.), use of the off-peak capacity is not really expensive and that allowing the elderly to use facilities at reduced rates in these periods could actually benefit all riders. For example, better use of vehicles and greater marginal revenues provided by off-peak use by the elderly could aid the system in providing the external economies from which all riders benefit. Revenues collected during off-peak periods may permit more services to be provided to *all* riders by covering some portions of expense not recovered now.

In this connection, some contend that because the elderly have lower incomes, actually receive fewer services, and are in greater isolation than other age group, they deserve a higher priority for transportation. It is argued that, for the elderly, the very act of making a trip is important in helping them reduce their sense of isolation from society. If there are other users who might be eligible, they should also be included but on the merits of their own case. Transportation for the elderly does not eliminate the possibility of making the same benefits available to other groups. For example, there are youth fares for air travel, and it is often argued that there should also be reduced fares for the elderly. Similarly, reduced transit fares are often made available to school children as well as to the elderly.

If some priority is assigned to the elderly, an important consideration is whether some special emphasis should be provided for the rural elderly who may be more isolated than their urban counterparts, or whether major emphasis be on providing benefits to the largest number of elderly, who may be largely urban dwellers.

### *Issue 3.*

**Should the Federal and State Government require that transportation be an integral part of any social services program for the elderly supported by Federal and State funds? Or, can greater accessibility to these services be better promoted by community coordination of available transportation systems?**

Many social and health service programs at the local community level receive financial assistance through grants or subsidies from the Federal Government. However, unless these service programs are accessible to the elderly by public transportation, only those who can afford to pay for taxis or can drive their own cars are able to make full use of them. In short, transportation is an essential component of any service program for the elderly. The question is whether provision for transportation and its funding should be made a requirement for any service project supported by Federal and State Governments. Or, can it be expected that communities will develop some form of local transportation program which will generally increase the accessibility of all services needed by older people?

Some have argued that we can do better by concentrating upon improving what we essentially have now. Thus, rather than establishing new social service delivery systems or new programs of bringing the elderly to the service source, much better use should be made of the substantial base of transportation services and facilities now available. What is really needed is coordination of these services in order to make more effective use of actual capacity: a centralized transportation agency at the local level that could coordinate school buses, Red Cross vehicles, and public vehicles already being used in Federal, State, and local social service programs. It is further argued that such an organization could not only coordinate the use of existing transportation facilities, but also provide for a more realistic appraisal

of what is additionally needed. We would be in a better position to adapt health, recreational, shopping, religious participation, and other needs of the elderly to transportation facilities. Moreover, such a coordinating transportation agency could readily consider the priority needs of groups other than the elderly in providing adequate access to social services in the broad sense of the term.

Some of those who dispute the basis of this optimistic picture for reorganizing present services, facilities, and administration say that the time is overdue for change and for an innovative policy. Those agencies responsible for providing social and other services to older persons have not given serious attention to getting real, not paper, benefits to the elderly. Delivery of promised services needs to be a requirement of Federal and State policy, with explicit inclusion of the cost and form of delivery in all service programs financed by Federal and State funds.

Others who are also desirous of change call for new transportation systems which give the elderly the means of getting to the service source. What lies behind this choice of policy is not only a disenchantment with the present situation, but also a strong doubt that Federal and State service agencies will move vigorously for the necessary public funds to implement any changes. Proponents say the new transportation systems could be adapted to the needs of other disadvantaged and relatively immobile groups besides the elderly, but concede that they too face the problem of finding money in the public treasury.

Perhaps some combination of all the suggestions might be developed. For example, all social service programs should: indicate how the question of access to the services has been examined; specify how transportation will be provided; require submittal of a plan to provide transport to a central transportation agency to see whether services might not be already available; provide for a program of supplementary transportation services when the available facilities are inadequate for the identified needs.

#### *Issue 4.*

**Should the Federal Government vigorously support the development of individualized flexible transportation for the elderly which would provide increased access to shopping, religious, social, recreational, and cultural activities? Or, should this type of transportation be primarily the responsibility of private enterprise, volunteer community action, government at the State and local level?**

As the preceding issue has suggested, in the field of transportation no less than in other areas of policy for the nation's older population, a vital question is: what should be the shares of responsibility between the Federal, State, and local governments, the private enterprise, and the voluntary sectors. Responsibility should be established for individualized flexible transportation services for the elderly. Because most older persons are retired, their transportation needs are not predominantly work-related, but rather center on increased access to shopping, religious, social, recreational, and cultural activities. The issue presented here is who should have the leading role in developing a flexible, broadly accessible, transportation policy in behalf of older people? The Federal Government? The States and localities, voluntary and private organizations?

A position on this issue of responsibility is partially dependent upon how much importance one attaches to flexible modes of transportation to enhance the mobility of older persons. If one regards this as a priority need among the elderly, he is likely to readily accept,



if not demand, Federal leadership in providing the elderly with increased access to needed services. If one attaches little importance to this need, among others, he would rest content with community and private action.

What should also be borne in mind is that the types of transportation under discussion are not public transit systems which are not easily adapted to the needs of aging persons, but rather some form of flexible, demand-activated service. Something between regularly scheduled bus transportation and a dispatched taxi is indicated. Given the kind of transportation facilities required, what levels of governmental and nongovernmental activities can best deal with the problem?

The question is given added clarity and focus if one considers the private automobile—the most individualized and flexible transportation system of all—and asks who should take the lead in promoting greater use of private cars by the elderly. In view of the importance of the automobile as a mode of transportation in America, the lifelong habits of automobile ownership, and the suburbanized and dispersed (i.e., auto-oriented) character of religious, shopping, and recreational facilities, some have proposed that the Federal Government must encourage and assist in expanding the availability of private automobiles for the elderly and other non-auto-owning groups.

In general, major emphasis in the past has been on provision of public transportation, but possibilities for increased auto use do exist. Experimental efforts in Phoenix, for example, indicate that with financial assistance increased automobile ownership is possible, even among those with very low income. Furthermore, since the specialized needs of the elderly will require demand-activated transportation systems which are a cross between the taxi and the bus, the automobile is closer to these requirements than any other mode. A variety of suggestions has been made including special low-cost insurance and financing programs, automobile pools, shared vehicle or cooperative car ownership, and, for the elderly who cannot or could not be permitted to drive, volunteer or hired drivers. These are the kinds of efforts that are perhaps best undertaken at the community and State levels, but there is room for Federal stimulation and imaginative leadership in such things as underwriting low-cost insurance.

#### *Issue 5.*

**Should the Federal Government support the development of programs designed to provide for the safety, comfort, and convenience of the elderly as pedestrians, drivers, and users of transportation systems? Or, should this responsibility remain at the State and local level?**

Much like the previous issue, this issue is addressed to divisions of responsibility for policy. What should the role of Federal, State, and local governments be in matters of safety, comfort, and convenience of older persons as pedestrians, drivers, and users of transportation systems?

Before one can decide on shares of responsibility for these important fields, it is proper to examine the nature of the task, to have a clearer idea of what could be done in the areas of transportation safety, comfort, and convenience for the elderly. The elderly are subject to a variety of hazards and discomforts as drivers, pedestrians, users of transit vehicles and stations, in moving up and down steps and into and out of vehicles. It has been argued that because of these special problems, there should be a design program to encourage better



vehicle and terminal design, and better information services to the elderly in transit systems as well as on the highways. Improved traffic control for pedestrians at intersections is closely related. Some have even argued that there should be more, if not complete, separation between pedestrians and moving vehicles—regardless of age.

Some believe that it is too expensive to do these things for just one group, but others assert that the benefits accrue to all users, including the handicapped. For example, improved hand holds in buses or transit vehicles, wider doors, better signals, and improved information flows, though important and vital for the elderly, provide considerable improvement and benefits to all users. The same is true for better cross-walk markings and other systems for pedestrian use.

On balance, there seems to be general agreement that there are some specific areas in which safety problems can be studied and improved for the elderly. One example is driver licensing. One argument often cited is that the elderly should not be licensed to drive automobiles because of the physical problems associated with coordination and the other skills required for driving an automobile. However, a counter argument has been that licensing techniques similar to those used in aviation can be developed which are based on *performance criteria* rather than age criteria. For example, a license can be awarded on the basis of the type of vehicle to be driven, with different skills required for small and large vehicles. Restrictions could be placed on when and where the elderly might drive. For example, the older person could be restricted to suburban areas and to the freeways during certain off-peak periods or, in some extreme cases, restricted to his immediate housing area. In addition, more frequent medical examinations could be required. In this way, those able to perform adequately would not be taken off the roads arbitrarily.

Who should undertake these policy initiatives—the Federal or State and local governments? Should the Federal Government set specific and extensive standards for all operating aspects of transportation systems, safety being one important facet. In support, one can argue that present safety programs (highway safety and others) at the State and local level often are fragmented, uncoordinated, and inconsistent. The beneficiaries of a system of overall Federal standards would not be the aged alone. All age groups would be better off.

Against such a role for the Federal Government, one can argue that it has neither the knowledge to set definitive standards for varied transportation networks, nor the means to carry out sensibly a policy of regulation. Control over standards for transportation systems are properly within the jurisdiction of local and State governments, which are better equipped to handle the diverse needs of older persons for safety and convenient transportation.

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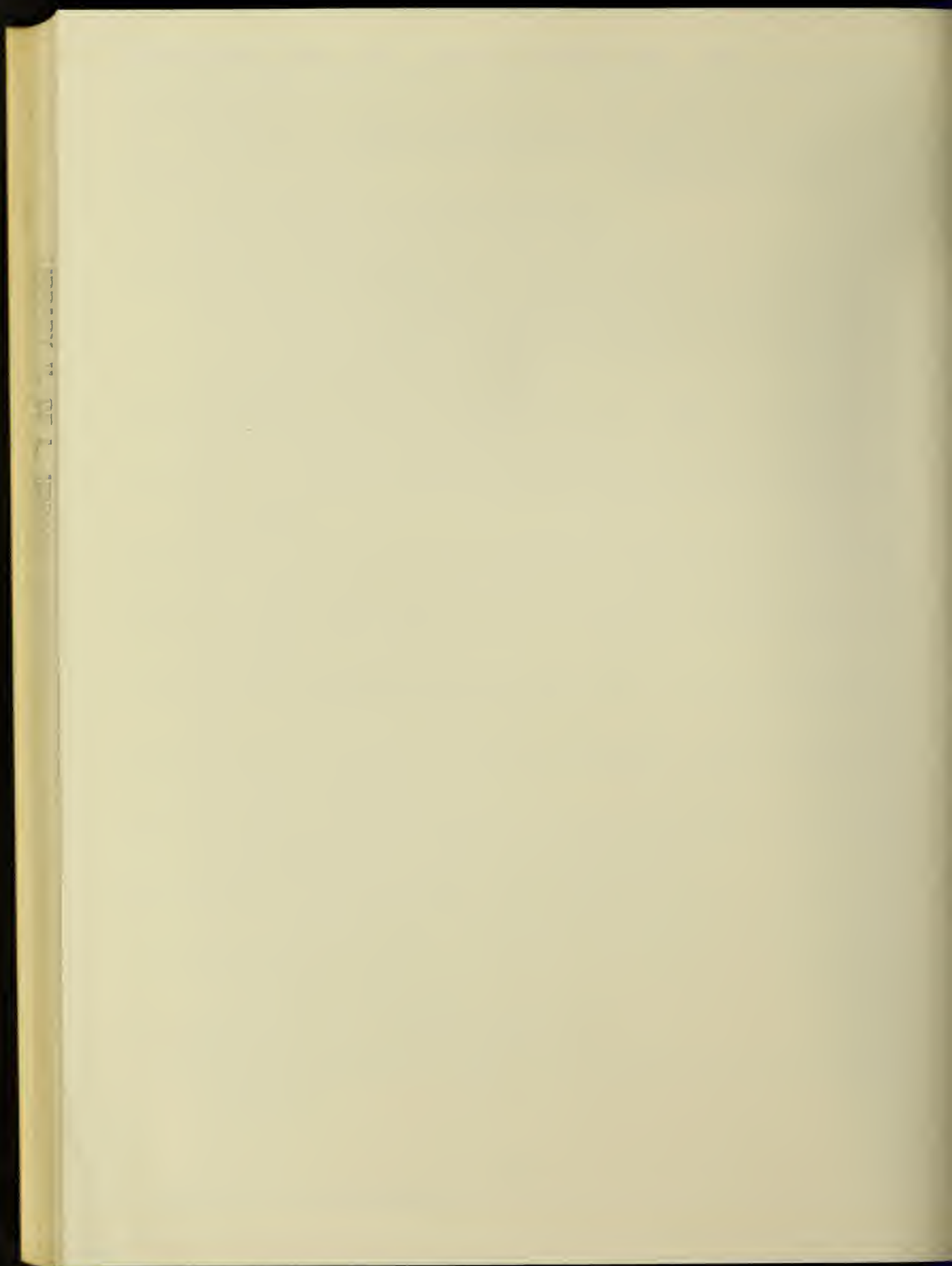
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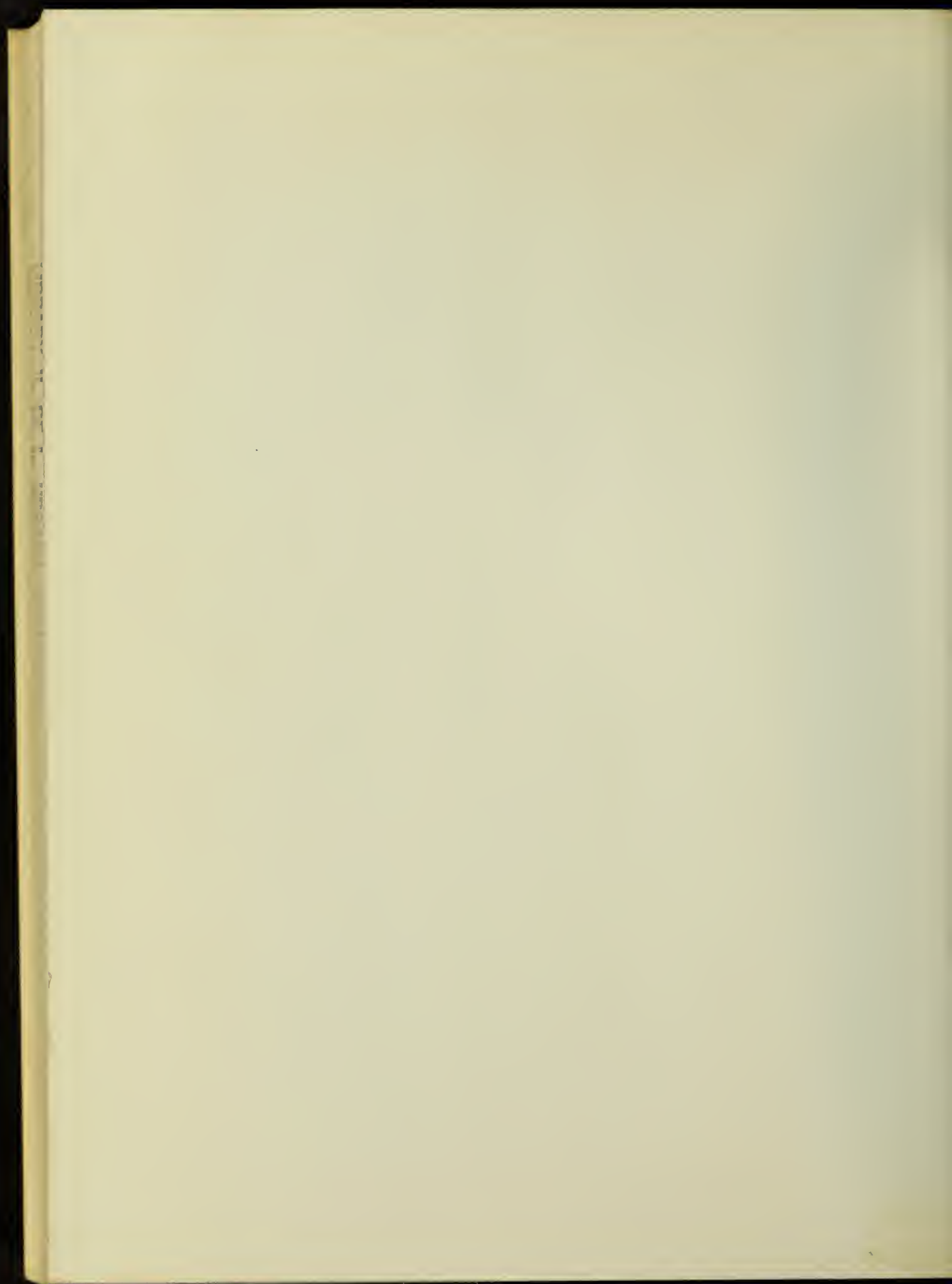






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